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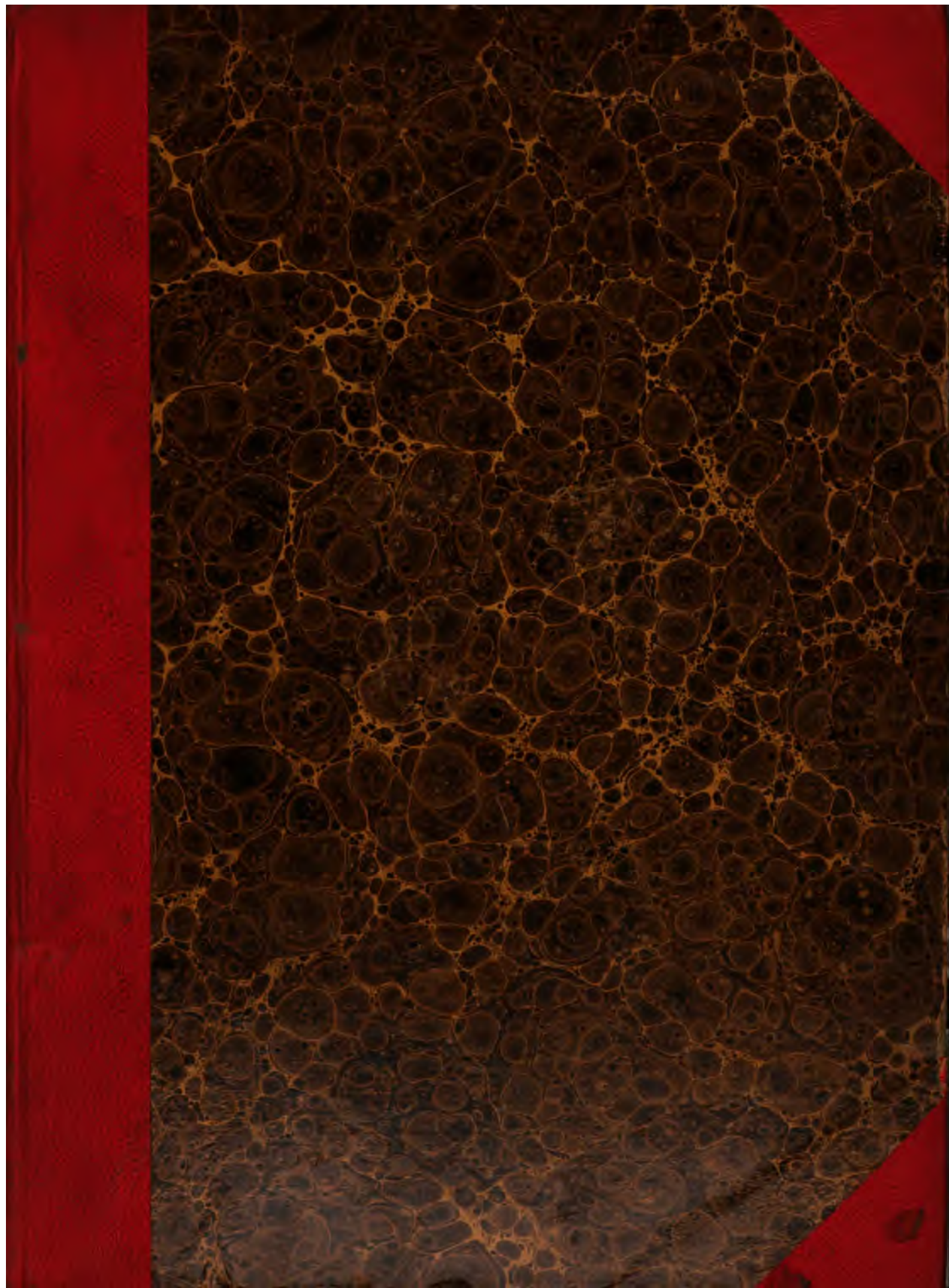
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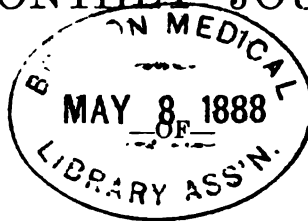


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THE
CANADA LANCET:

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MEDICAL AND SURGICAL SCIENCE,
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EDITED BY
J. L. DAVISON, B.A., M.D., C.M., M.R.C.S.E.
A. J. FULTON, MANAGER.

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Original Communications.

FOUR CASES OF CHRONIC INFLAMMATORY DISEASE OF THE UTERINE APPENDAGES.*

BY LAWSON TAIT, F.R.C.S.

Mrs M. F., aged 28, a patient in the St. Luke's Home, Edinburgh, under Dr. Halliday Croom, was seen by me on December 18th, 1885, when Dr. Croom and the patient gave me the following history: She was married when about 20 years of age, and within a year had a child with an extremely severe labor and a long, lingering convalescence. She has never been well since that confinement, there having existed marked dyspareunia which has increased rather than improved. She had regular and extremely profuse menstruation accompanied with intense pain, that pain being worse before the onset of the period. She had had more or less intense intermenstrual pain excited by movement, and was made much worse by either standing or walking. For years she had been totally incapacitated from performing her domestic duties. In general appearance she was pale and anæmic, with a suffering and anxious expression of countenance, and she had been the round of all the hospitals and specialists in Edinburgh, with a uniform failure in obtaining any kind of relief. On examination, the uterus was not very large and it was distinctly retroverted and fixed in its position, any attempt at replacement giving rise to considerable pain. On each side the general matting could be felt, but no distinct tumor could be made out. The opinion I gave of the case was that the whole contents were matted together, the origin of the condition having been a perimetritic attack at the time of the labor; that probably one or both of the tubes was occluded

*Read at the Midland Medical Society, March 3rd, 1886.

and that no kind of treatment short of removal of the appendages and the arrest of menstruation would give any satisfactory result.

As this conclusion had been previously arrived at by Dr. Halliday Croom, there was no difficulty in making up our minds to it, and, therefore, on December 19th, I operated in the presence of Dr. Halliday Croom, Dr. Keiller, Dr. Angus Macdonald, Dr. Hart, Dr. Barbour, Dr. Brewis and Professors Simpson and Chiene. I found, as is usual in such cases, that the omentum was glued on over the pelvis, and that whatever operation was done, had to be performed through an aperture made to reach the organs. The pelvic viscera were so matted together that it was with difficulty the fundus uteri could be identified, but when this was accomplished it was not difficult to trace the ovaries and tubes first on the one side and then on the other, but a great deal of manipulation was required to detach them. Finally after a great deal of trouble they were secured, the pedicles tied by the Staffordshire knot and the wound, an inch and a half in length, was closed. No drainage tube was used. The following letter, dated March 2nd, 1886, was received from Dr. Halliday Croom giving the further progress of the case: "The patient had no rise of temperature or any bad symptoms whatever. She had a perfectly uninterrupted recovery. When I saw her after the operation, I was struck by the change in her appearance. Her pinched, suffering look had gone. Her face was round, of good color and looked well and cheerful, very different from the appearance she presented when you and I saw her in December last. She still has some pain in her pelvis, especially on exertion; but it is not continuous as it used to be, and it does not interfere with her work or prevent her enjoying life, which for seven years past has been a burden. She has not menstruated since the operation, but has some leucorrhœa." When the appendages were removed and examined by the naked eye no one, unless greatly experienced in such pathological appearances, could have detected much the matter with them. The tubes were small and atrophied, and the ovaries apparently normal in size and appearance, but the moment they were put in fluid it became evident, from the masses of flocculent fibres which were attached all over their surfaces, that they had been densely adherent—they were, in fact, adhe-

rent over the whole of the superficies. This is only one of the many illustrations in which ignorance of the disease centered in such organs may have, or actually has, led spectators to go away after such an operation with the impression that normal appendages had been removed. From the peculiarities of the operation no one except the operator can be cognizant of what the real facts are inside, as none of the adhesions can be seen by the bystanders, and the only evidence to be obtained of those adhesions is the occurrence of hemorrhage at the time of the operation (frequently very profuse) and the flocculent remains to the adhesions, which can only be seen when the appendages are floated in water, in spirits or in some other transparent fluid. Fortunately, however, I have in my possession three preparations where the whole of the pelvic contents have been removed by post-mortem examinations, and where the conditions, therefore, can be demonstrated beyond cavil.

The first preparation was presented many years ago by Dr. Littlejohn, to the Midwifery Museum, of the University of Edinburgh; and it is now impossible to obtain any history beyond the fact that the preparation was removed from the body of a prostitute. The conditions are precisely such as I found in the pelvis of the patient upon whom I operated for Dr. Halliday Croom. The Fallopian tubes can be seen to be buried in adhesions, and bands of adhesions pass in all directions, glueing the appendages into abnormal positions from which they cannot be moved, and to remove these appendages would involve detaching precisely the same extent of adhesion which I had to encounter in the case I have just narrated. In this preparation both tubes were occluded. (Three preparations exhibited to the Society.)

The second preparation I also obtained through the kindness of Dr. Littlejohn, and it has precisely the same history having been removed from the body of a prostitute some months ago; and here again, unfortunately, no history can be obtained. In this preparation the surface of the posterior wall of the uterus was adherent to the rectum, and bands of adhesion passed in every direction binding the uterus and ovaries together, the ovaries and tubes being considerably below their normal level and fastened there by adhesions. Both tubes were completely glued on to the surface of their

respective ovaries; these latter were also glued down into the recto-vaginal pouch.

Curiously enough the third preparation also taken from the body of a girl who had lived a loose life, was obtained at a post-mortem made the morning on which I was announced to give an address to the Medical and Chirurgical Society of Edinburgh, on this very subject, therefore, I had the advantage of seeing the preparation quite fresh, and of obtaining from the girl's friends, especially her sister-in-law with whom she resided, an accurate statement of her past history. She had been brought up in a house of ill fame, and at a very early age had fallen into the habits of her associates. She was nominally a worker at a mill, had had an acute attack of syphilitic gonorrhœa before she was fourteen, had gone through a variety of stages of syphilitic infection and died at the age of twenty, from the bursting of a syphilitic aneurysm of the aorta. Her sister-in-law told me that her menstruation was frequent and extremely profuse, whilst the suffering which she underwent each time amounted to agony of the most intense kind for which she had to take large quantities of spirits to obtain relief. She was totally incapacitated from moving about during the week in which her menstruation occurred and, without my asking the question, her sister-in-law volunteered the information that the curious part was that the pain was always worse two or three days before the period showed itself. A detailed description of the appendages in this case is as follows: The uterus was large and heavy, almost as if the girl had had several children although she never had been pregnant; it was retroverted and quite adherent by dense bands of adhesions (some of which are still visible) to the sacrum; it was opened on its anterior surface. The ovaries, from the presence of adhesions in every direction, were with difficulty identified, being about three times their normal size. The Fallopian tubes passed curving round them and were equally adherent and flaccid in situ. On the left side the tube was not occluded whilst that on the right side was.

Looking at the preparations now before you, it is impossible to come to any conclusion other than that women who have their ovaries and tubes so matted and adherent together, bound down, and incapable of making those movements which it is necessary for the process of impregnation should

be made, could be otherwise than absolutely sterile ; the machinery of impregnation is wholly out of gear. We have, so far as I regard it, the condition of womanhood existing in three distinct functions. The first is the mere domestic and social life which all women may lead whether they be wives or mothers. They may be, and often are, eminently useful members of society leading absolutely celibate lives. Of this, of course, there is no doubt at all. There can be as little doubt that in this function of life perhaps they are as useful as in any other. The second function which woman has to fulfil is that of wife ; and the third, of course, is that in which maternity is accomplished. Every one knows that the condition of wife may be occupied by a woman with perfect happiness and with a largely extended sphere of usefulness, without the function of maternity ever being even attempted. In the fulfilment of her maternal function and for the perpetuation of the race, maternity is a matter of necessity ; but it requires nothing save the ordinary every-day experience of the world to know that the maternal function of woman is limited to a relatively small number. From this we may have abundant indications for our process of reasoning in dealing with questions of diseases such as those which have been and are to be relegated to one or other of these three divisions ; few extend into two of them and only one into the third. The third I have already alluded to. The occurrence of disease in these women, and the onset of pelvic inflammation from whatever causes it may arise, have settled the question of maternity. It is impossible, as I have said, that women so afflicted could ever become mothers. I have attempted to undo such adhesions, and leaving the organs released in the hope that they might fulfil their functions ; but I have absolutely failed ; and I believe it is quite impossible for any, even the most skilled surgical efforts, to unravel those adhesions and to undo this chronic inflammation to such an extent as to make these organs fulfil their third and complete function. The pelvic organs are wholly unlike any others. You can rest an inflamed eye by a ball of cotton wool in a darkened room, and you can suspend absolutely the functions of an inflamed knee joint by rest in bed and a splint ; but you have no means of putting the pelvic organs of a woman at rest short of arresting the function of menstruation.

The second function—that of the sexual duties of a wife—may be as completely performed without the uterine appendages, either congenitally absent or absent as the result of surgical interference, as with them. On the other hand we find from the united evidence of both husband and wife in a large number of these cases of chronic inflammatory disease in the pelvis, that the disease hinders more or less and in the majority of cases absolutely suspends the possibility of marital intercourse. The removal of these diseased organs, the restoration of the patient to health and the freedom from pain that she enjoys after the operation, permit of the gradual resumption of married life, and after the lapse of a reasonable time this, the second function of womanhood, may be as completely fulfilled as if she had never suffered.

The first function of womanhood—that of the domestic and social life of a woman—is again absolutely independent of the fact whether she has or has not ovaries and Fallopian tubes. A woman who has been formed congenitally defective in this matter may prove as useful a member of society as if she had been completely developed. So it is with those who have submitted to the mutilating efforts of the surgeon, and it must therefore be easily seen that as the pain which they have suffered must deprive them of that healthy power of locomotion which is essential to complete usefulness in life, so the relief from their suffering by the removal of the diseased organs restores them to the complete fulfilment of their prime function in life. The arguments, therefore, which have been and are still often adduced against this operation as mutilating and unsexing women, exist only in the impure imaginations of those who use them ; they have no foundation in fact. If the function of maternity has been by the disease completely abrogated, the operation will make no difference ; but if the suffering that these women have to undergo by reason of their diseased condition interferes with their marital and social duties, their restoration to health by operative interference can be regarded only as a blessing to themselves and as increasing their usefulness to those with whom they are associated.

A REMEDY FOR CORYZA.—Muriate of cocaine two grains, roasted coffee and white sugar, of each one ounce. To be taken as snuff.—*Med. Press.*

PNEUMONIA*

BY DR. GILLIES, TEESWATER, ONT.

In presenting this subject to the Association, it is not with the object of offering anything new regarding this very common and fatal disease, but for the purpose of arriving at some definite conclusions as to its nature and treatment, that we may be the better enabled to combat it, when brought face to face with it.

The report of the Registrar-General for the Province of Ontario, shows that it usually stands third or fourth on the list of the ten most fatal diseases.

There are several varieties of pneumonia, the two principal ones being the croupous and catarrhal. It is on the former that I intend briefly to offer a few remarks on this occasion.

The specific course of croupous pneumonia according to pathologists, is as yet undetermined, and the existence of such a cause is still a matter of doubt. Among the predisposing causes age ranks high. It is met with most frequently between the age of twenty and forty, less so from forty to sixty, very frequently after sixty, when it appears to be one of the most fatal of all acute diseases that we have to do with after that period of life. Pneumonia is a wide-spread disease, it is to be found in almost every country and clime, but it is far more prevalent in those places that are subject to sudden and varied changes of temperature, than where there are extreme degrees of heat or cold.

There are certain seasons of the year in which it would appear to be more prevalent than others; of twenty four cases that I have taken notes from, six occurred during the month of March, five in April, four in December, three in February, two in May, two in June, and two in November, so that from this report by far the largest number occurs between the months of November and May. Men are more liable to the disease than women, due no doubt to the fact "that they are more exposed to causes which produce pneumonia." Everything that depresses the vital powers seems to act as a predisposing cause, as for instance unfavorable hygienic surroundings or over-crowding, debilitating habits, drunkenness, poverty, etc. Diphtheria, erysipelas, measles, and small-pox, act in a similar

manner; uræmia, pyæmia, septicæmia, and all that class of diseases which depend on the retention of excrementitious matters in the blood are also powerful predisposing causes. Difficult dentition in children also acts as a predisposing cause. One attack predisposes to another; every practitioner must find it an occasional occurrence to meet with it more than once in the same individual. Of the direct exciting causes of pneumonia, a chill appears to be the most common, as for instance, going into a damp cellar whilst the body is overheated, sleeping on the damp grass, or exposing oneself to cold draughts of air whilst the body is very warm. In all my cases of acute primary pneumonia I was able to trace their origin to a chill. There are two theories advanced as to the nature or origin of croupous pneumonia: (1) "That pneumonia is a specific fever, of which the disease in the lung is only a local effect"; (2) "That it is a purely local disease of which the pyrexial and other phenomena observed are only the immediate consequences." From the following facts the second hypothesis can scarcely be maintained; experiments with the inhalation of hot air, moist warm air, icy cold air, vapors of various noxious acids and gases, the tracheal injection of caustic ammonia and mercury, and traumatism, have all failed to produce croupous, but have caused catarrhal pneumonia.

The symptoms of croupous pneumonia seem to be opposed to its being a local disorder. I have seen cases where a very small portion of lung from physical signs would appear to be affected, attended with severe constitutional disturbance, as delirium, and a temperature as high as 106°. In local inflammations there is a direct ratio between the amount of surface involved and the constitutional disturbance which attends the same. The arguments in favor of the first hypothesis are the comparative rarity of ascertainable causes for its origin, and the suddenness of the crisis while the inflammation is at its height.

According to Dr. Loomis, in his article on pneumonia, the points of resemblance between croupous pneumonia and the acute general disease are the following: "It has an initiatory chill, an orderly pyrexia, and a somewhat typical course, inasmuch as in many cases there is a day of abrupt crisis and a definite duration. The countenance resembles that of typhus and typhoid fever, very

* Read before the Ontario Medical Association, Toronto, June 1886.

frequently there are herpetic eruptions, and the kidneys are more frequently affected than can be considered as accidental. The head symptoms very much resemble the condition that accompanies the exanthems. It appears at times like an epidemic: last spring I had no fewer than seven cases under observation at the same time, two in one house, brother and sister." Dr. Loomis also states, in the same article, that the resemblance of pneumonia to the acute general disease is to be found for the most part in its nervous phenomena, and that the complications which render pneumonia dangerous are those which interfere directly with the muscular power of the heart or diminish its nerve supply. Dr. Wilson Fox says the most probable hypothesis to explain the origin of pneumonia is that of an altered composition of, or the existence of some morbid material in the blood. Sturges places pneumonia in a "middle place between the specific fevers, so called, and the local inflammations, and adds that it has something in common with both." "The late Dr. Austin Flint of New York, was of the opinion that it is essentially a fever of which the pneumonia is the anatomical characteristic. Pneumonic fever, is as appropriate as the term enteric as applied to typhoid fever." From the collective investigation report upon pneumonia, as given by the *British Medical Journal*, the abstract is, to a certain extent in favor of the opinion that pneumonia is a disease of a peculiar nature, including other elements than simple inflammation of the lungs.

The treatment of pneumonia has given rise to more earnest discussion probably, than almost any other subject in modern medicine. It has been made a very battle ground between the advocates of "heroic" measures, on the one side, and the supporters of a "rational" and expectant treatment on the other. A little common sense brought to bear on the subject will assist very much in removing the difficulties. No special plan of treatment can be adopted in pneumonia, for so great are the differences in constitution, that no two cases will admit of precisely the same method of treatment. The true course I think has been indicated by Hufeland, viz., to generalize the disease and individualize the patient. Thus one group of cases will demand an antiphlogistic course of treatment, a second stimulation and support, whilst a third will be most benefitted by little or no treatment

beyond a well regulated course of diet and rest.

At one time large bleedings were practised regardless of the age, constitution or stage of the disease. Dr. Hughes Bennett of Edinburgh, and Dr. Todd, showed that the treatment by bleeding is not only injurious but unnecessary in a large proportion of cases. I might say the same conclusions are generally adopted by the profession at the present day. Antimony is another remedy that was very much abused at one time in the treatment of pneumonia. That it is a remedy of undoubted value when given in suitable cases for the purpose of reducing the pulse and breathing, and in many cases checking the inflammation, there is in my mind no doubt. It should never be administered in adynamic cases, neither in the pneumonia of the aged, nor in most cases of children.

Veratrum viride and aconite are arterial sedatives of much value in pneumonia when given in appropriate cases. The alkaline diaphoretic salines are also valuable remedies to promote secretion, and to keep the mucous and cutaneous surfaces at work. Calomel was at one time very much in vogue in the treatment of pneumonia, but it is now almost discarded. In the *American Medical Digest*, of April 1866, Barthel and Muritz of St. Petersburg speak in very high terms of the use of inunctions of mercurial ointment in the treatment of croupous pneumonia. They say no matter whether the metal is supposed to reduce the excess of fibrine, diminish congestion of the lungs, and favor the resorption of the inflammatory exudate, or whether we mean to kill by its action the specific etiological factors of the disease "Friedlander's Pathogenic Microbes," the mercurial treatment is usually attended with good results.

They say for the last two years this has been the only medication employed in croupous pneumonia, and the mortality has been reduced by it from 31.4 per cent. to 6.2 per cent., which is certainly remarkable. Alongside these inunctions the only thing used was the cold compress to the thorax, and quinine and digitalis, according to the indications of the case. Blistering once so fashionable should never be used in the early stages of the disease, neither in the later stages if resolution is progressing favorably. They may however be sometimes used with advantage in the later stages in cases of delayed resolution. That blood

letting is a very beneficial and appropriate remedy in some cases I think cannot be denied. For instance should we be called to see a young robust patient of previously temperate habits, threatened with a severe attack of pneumonia, pulse full and rapid, temperature high, great dyspnoea, with sudden engorgement of the right side of the heart, and if seen in the congestive stage, the proper thing to do is to bleed at once. This is done not so much for its curative powers as for the purpose of giving immediate relief until the proper remedies administered will have time to take effect. Under these circumstances also, if the fever be high tartar-emetic may be given combined with salines and small doses of paregoric if the cough is troublesome. The affected side should be enveloped in a warm linseed meal poultice over which a little oil may be smeared. I am also in the habit of adding a little mustard to each poultice and thus they do not require to be changed more frequently than every five or six hours. As soon as the sputa becomes free and catarrhal I stop the tartar-emetic and give liquor-ammoniae acetatis with spirits of nitrous æther and paregoric, and sometimes digitalis. To relieve pain and procure rest especially at night, I give opium, but in the event of its being contra-indicated I give bromide of potassium in combination with chloral hydrate to produce sleep. In some cases I have used Tr. Aconite in combination with liquor-ammoniae acetatis with very beneficial results.

The above treatment applies to sthenic cases. Now supposing we are called to attend an asthenic case, in a feeble, broken-down constitution, we must adopt a stimulating plan of treatment; opium is very serviceable in these cases as in all cases of pneumonia in the early stages of the disease, fulfilling two purposes, namely, procuring rest, and soothing the nervous system, which effects if produced render the system more tolerant of the disease, and the danger from exhaustion is diminished. Opium must not be given if there is cyanosis or much bronchial secretion, in which condition ammonia, senega, and digitalis ought to be administered. In this class, alcohol is necessary from the outset, and whiskey or brandy freely given is the only thing which will carry the patient over the crisis. Quinine can be given with advantage in these cases. I am firmly convinced that a certain proportion of cases in pneumonia will recover

without treatment. I have at times been told by young men that they have had a slight cold, with cough and pain in the side, and spat up a little blood, and when asked if they had done anything for it would reply that they had done nothing, except remain in the house for a few days, perhaps take a dose of physic, and not even that always. There are certain indications to be fulfilled in all cases of pneumonia. The bowels should be well attended to, the patient should be kept in bed, and as quiet as possible in a large airy well ventilated room, and its temperature should range between 60° and 70°. The air is an important item in the treatment of pneumonia. The food ought to be fluid or semi-fluid, and should consist of a plentiful supply of eggs, milk, broth and beef-tea. In all severe cases there are two sources of danger, namely, heart failure and pyrexia, more especially the former. There is no doubt but that a large proportion of deaths are caused from heart failure, and as the pulse is the true index as to the strength of the heart, it should be most carefully watched in all cases, and if at any time we find it becoming very rapid and feeble, and especially dicrotous, alcoholic stimulants should be administered, as it is the best means we possess of sustaining the flagging heart. Ammonia, camphor, musk, and digitalis, may also be used but they are inferior to alcohol. The second indication is to lower the temperature, which may be done by cold compresses to the chest. I have had no experience myself with this form of treatment in this disease, and the profession seem divided as to its merits. I would not however think it suitable in the old or feeble, or in cases of organic heart disease, as it might produce too great a shock to the system, and the pneumonia it is said is more liable to extend from its use. Quinine is another remedy which is highly recommended for reducing excessive heat, but it must be given in large doses. During convalescence the general strength should be maintained as much as possible by tonics and restoratives, such as quinine, iron, mineral acids, and strychnia. Cod liver oil and change of air are also very beneficial in some cases. The different complications should receive their appropriate treatment.

HICCOUGH, Dr. Gibson, of Edinburgh, says, can be cured by sneezing. Another field in which the goose-quill can operate.

Correspondence.

To the Editor of THE CANADA LANCET.

SIR,—A great cry went up a short time ago against the detestable practice of cramming in all our educational establishments, and the doctors had a full voice in condemning it. Is it not inconsistent that the Medical Council still keeps up the practice to its fullest extent? For what average man can pass their *unnecessary* examinations without hard cramming. As the R. C. S. London, and R. C. P. London, accept the diploma of McGill, Trinity, Toronto S. M., merely examining applicants on some select subjects, why cannot the Council do the same, examining on surgery and surgical anatomy, practice of medicine and therapeutics, midwifery and diseases of women and children, and let such examinations be as practical as possible. After passing let the student attend the practice of some hospital or some registered practitioner for one year. By such a plan you will obtain all the benefit of the modern system and retain also the advantages of the old apprenticeship. It would take another year but it would be very much to the advantage of the young doctor and also to his patients. Do those gentlemen who are urging the Council to insist that a degree in Arts should be required of every one before he commences his medical studies know what they are doing? Have they forgot, "*Quos Deus vult perdere prius dementat*"? Are they aware, or are they not, that the Council exists solely for the protection of the public and that the duty of the Council is to provide properly qualified medical men, and that they have nothing to do with the overcrowding of the profession? In Ontario the profession is better protected than in any state in North America, but once let it be known that the Medical Council exists, not for the benefit of the people but to make a soft place for the doctors, and a real attempt will be made to do away with the institution altogether. This degree in Arts is a robbery on the student and an imposition on the public; it compels the student to spend his time and money on what is of no value to him, and it imposes on the people by giving them inferior medical practitioners.

Now compare the two systems. Four years medical study, one year hospital practice, with

three years Latin and Greek and three years medical study, and these three years wasted and all this money spent in order to keep out young men who have as much right to enter as any of us who are now practising. Depend upon this, the best will come to the surface, and let the best man win, should be our motto.

Yours, etc.,

F. C. MEWBURN, M.D.

Toronto, Aug. 9th, 1886.

To the Editor of the CANADA LANCET.

SIR,—In answer to "Enquirer" in the August No. of the LANCET, I would mention that Tyler Smith, in the third edition of his work, directs the upper blade of the forceps to be applied first, *not the lower*. Leishman, in the third edition of his work, says, "it is not a matter of much importance which blade is applied first."

Yours truly,

WM. CALDWELL.

Lakefield, Aug. 25th.

Reports of Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY—REGULAR MEETING.

Dr. Malloch exhibited a specimen—a soft catheter. The patient had been using a soft catheter for some time. One night, from some cause or other, he allowed the catheter to slip into the bladder, not thinking anything serious would result; he allowed it to remain in the bladder for six or seven days. Dr. Malloch was called to see the patient, and introduced a lithotrite, with the object of seizing the catheter and withdrawing it. This proved ineffectual. He then performed the operation of median lithotomy, and removed it with a pair of forceps; the catheter, from the length of time it had been in the bladder, was covered with a considerable amount of deposit. There was some discussion on this case, but it was decided that the median operation was preferable.

Dr. Malloch also exhibited a specimen of a calculus from the pelvis of the kidney. Patient had been suffering for about fifteen years, and had been operated upon for stone in the bladder. He first saw the patient ten years ago; she then had a

fistulous opening. One year ago he probed the opening, and detected a stone. Five months ago it was removed.

Drs. Rosebrugh, Mullin and McCargow took part in the discussion, and related some cases which had come under their notice.

Dr. Stark related two cases of puerperal eclampsia treated by pilocarpine injected hypodermically. A lengthy discussion followed, in which Drs. Leslie, Malloch, Mullin, White, Shaw and Ridley took part.

THE DOMINION MEDICAL ASSOCIATION.

The nineteenth annual meeting of the Dominion Medical Association took place in Laval University, Quebec, on the 18th and 19th of August. At the morning session of Wednesday, Dr. Sullivan, of Kingston, a past-president of the Association, took the chair. The retiring president, Dr. Osler, of Philadelphia, was unavoidably absent.

Dr. Sullivan, in a short address, complimented the Association on holding its nineteenth meeting in the ancient city of Quebec, the place in which it was organized.

Reports from the various committees were then called for, but none were given except that of the chairman of the Committee on Obstetrics—Dr. McKay.

In a short paper, the doctor touched upon the various improvements made in gynaecological surgery, and gave briefly the opinions at present held by obstetricians in the treatment of some of the more serious complications of labor.

Dr. Campbell, of Montreal, in moving a vote of thanks to Dr. McKay, took occasion to say that many members of the various committees were not notified of their membership, a fact which accounted for the absence of reports.

Dr. Graham, of Toronto, in seconding Dr. Campbell's resolution, suggested that a different arrangement might be made; that the chairman of each committee should select a definite subject for discussion, which should be introduced by him, and that the members of his committee should assist. In this way the most interesting form of discussion might be introduced. The following gentlemen guests from the United States were then introduced: Dr. Sherman, Ogdensburg, delegate from New York State Medical Society; Dr. Car-

rier, Jr., of Detroit, and Dr. Dawson, of Cincinnati.

Dr. Sherman then addressed the Association. He spoke of there being no dividing line between the two countries in matters of science, and gave as a proof of this the fact that Dr. Billings, of Washington, had given the address on medicine before the British Medical Association. The Association then adjourned.

The afternoon session commenced at two o'clock, Dr. Holmes, the president-elect, in the chair.

The chairman called on Dr. Cassidy to read a report on public health, in place of Dr. Yeomans, of Mount Forest, the chairman of the committee on that subject.

Dr. Cassidy, in his report, referred particularly to the question of quarantine, and to the regulations recently made by the Dominion Government. The writer concurred in the regulations made, but thought some of them should be more stringent.

It was moved by Dr. Eccles, seconded by Dr. Clark,—That the Canadian Medical Association, at the annual meeting convened at Quebec, view with pleasure the action taken by the Dominion Government in the issue of the quarantine regulations which have been put in force during the present month. We consider this prompt action to be of great importance to the general public, and moreover that, when intelligently applied, the regulations are calculated to conserve the best interests of the trade and commerce of the Dominion.

The President then read his address, which was of more than ordinary merit, and which was well received by the Association. We hope to publish it in full in our next number.

Dr. Howard, in moving a vote of thanks to the president for his address, spoke of the preliminary education of medical students. He thought that the tendency at present was to make it broad and superficial, and that in some respects it might be better to go back to the old system of requiring a deeper and more thorough knowledge of the subjects prescribed. He was in favor of making an Arts course compulsory. Dr. Sullivan, in seconding the vote of thanks, differed from Dr. Howard in the necessity for a compulsory Arts course. He did not find that Arts graduates made better students or practitioners than those who had not taken a university course.

In the Medical section, Dr. Canniff, of Toronto, was appointed chairman, and Dr. Jenner, of Picton, secretary.

Dr. Daniel Clark then read a paper on "The Medical Jurisprudence of Crime and Responsibility." The writer stated that the legal profession

was governed by precedent, whereas the views of the medical men were constantly advancing with the increase of our knowledge of brain pathology. For this reason, the views of the two professions on the subjects of crime and responsibility are now much at variance.

The writer drew the following conclusions:

1. The natural history of crime shows that brains of chronic criminals deviate from the normal type, and approach those of the lower creation.
2. That many such cases are impotent to restrain themselves from crime, as are the insane.
3. That the moral sense may be hidden from expediency by the cunning seen even in brutes until evoked by circumstances.
4. No man can make himself free from the physical surroundings in which he is placed.
5. Crime is an ethical subject of study outside of its penal relations.
6. Insanity and responsibility may co-exist.
7. Some insane people can make competent wills, because rational.
8. The monomaniac may be responsible, should he do acts not in the line of delusion, and which are not influenced thereby.
9. Many insane are influenced in their conduct by hopes of reward or fear of punishment, in the same way as the sane.
10. Many insane have correct ideas in respect to right and wrong, both in abstract and concrete.
11. Many insane have power to withstand being influenced even by their delusions.

Dr. Sherman, of Ogdensburg, spoke in the most complimentary terms of the paper. He thought that if the principles enunciated were thoroughly understood and carried out by the legal and medical profession, as well as by the laity, it would be to the great advantage of the human race.

Dr. Sullivan thought that exact rules for diagnosis should be laid down for general practitioners, and wished to know if general practitioners should presume to give evidence in courts in cases of insanity.

Dr. Clark, in reply, stated that no man should hastily give an opinion on obscure cases of insanity. Certain forms of insanity may be diagnosed by the general practitioner. There are cases in which even experts can scarcely come to a conclusion. Now that students receive lectures on insanity, the profession will shortly be in a better position to give opinions on these matters.

Dr. Dupuis then read a very interesting paper on "Diabetes Mellitus." He went over the Canadian mortality statistics, showing that diabetes exists to a much greater extent in rural districts than in cities, and is more frequently found in men than in women. The writer related several cases which had occurred in his own practice, and concluded that the best treatment was strict attention to diet and the administration of Clemens' solution of arsenite of bromine.

Dr. Ross spoke of the importance of distinguishing between simple glycosuria and true diabetes.

Dr. Graham thought that it was necessary to make three clinical divisions: temporary glycosuria, mild, and severe diabetes. The mild form was amenable to treatment, whereas the severe form was not.

Dr. Holmes had found the solution of arsenite of bromine of the greatest service in the treatment of diabetes.

Dr. Jenner, of Picton, then read an excellent paper on "Alimentation in Sickness." He first spoke of the importance of alimentation and hygiene, both in health and disease. He then stated that in many cases medicine was not needed so much as strict attention to diet and general regime.

Dr. Dupuis spoke of the difficulty of carrying out hygienic rules in country houses, as many had a prejudice against fresh air and sunlight for sick people.

Dr. Eccles agreed with the opinions expressed in this paper. He instanced the prejudice many people had against suppers. He thought that in most cases light suppers promoted health, and prevented sleeplessness.

Dr. Campbell, of Montreal, did not agree with the writer when he stated that the subject of dietetics was not taught in Canadian schools. In Montreal, at any rate, great importance was given to this branch.

The section met in the evening at 8 o'clock. Dr. Playter read a paper on Vital Statistics. He first gave the history of the origin of mortality statistics in England, and of the high state of efficiency found in that branch of the service to-day. He urged the necessity for the establishment of a bureau for statistics in this country, and stated that he would, at another time, move for the appointment of a committee to petition the Government with regard to the matter.

Dr. Graham then read a paper on Contagious Pneumonia, which was well received.

Dr. Howard had not met with a single case of contagious pneumonia. He believed that such rare cases must be of a different character from those of ordinary lobar pneumonia. He did not think that the relationship which exists between bacteria and the pneumonic disease had yet been clearly made out. Dr. Ross was also of opinion that such cases were rare, and formed a distinct disease. Dr. Foster, of Portland, related the history of two epidemics of pneumonia which had occurred in that city. In one, which was quite extensive, the cause was found in the impure water from a well which was used by the families in which the disease appeared. The well was found to have almost direct connection with the drain from a number of outside water-closets. The other epidemic occurred in a home for orphans. In the first epidemic the consolidation appeared invariably in the left apex, whereas in the latter it occurred

in the right side. All of the cases presented symptoms similar to those given in the paper.

Dr. Graham, in reply, stated that he believed in the unity of lobar pneumonia. He thought this view was confirmed by investigations into the parasitic nature of the disease. He was also of opinion that the soil upon which bacteria is grown, influences the character of these growths. He related the investigations of Dr. Steinberg in confirmation of this point.

Dr. Gardiner, of London, read a paper on, "The Inhibition of the Heart in Diphtheria." He related two cases which had occurred in his own practice, in which death had resulted from heart failure. In both cases the pulse became remarkably slow. In one it was not more than twenty-eight to the minute. He thought that these grave symptoms were brought on by irritation of the nerves of the throat at the seat of the disease and consequent inhibition of the heart. He instanced tetanus as an example of similar nerve irritation. Dr. Graham was of opinion that the phenomenon could be best explained on the supposition that a poison existed in the blood which acted on the nerve centres. He spoke of the investigation of French pathologists who found toxic principles even in normal excretions, as in urine. When that was the case, how much more likely that such principles exist in pathological states. Dr. Ross was of the same opinion on this etiology of the disease as the last speaker. He spoke of the gravity of heart failure in diphtheria. Some cases appeared to be hopeless from the commencement, but many terminated favorably. The rapid fatty degeneration of the heart might explain some cases. Dr. McDonald, of Wingham, gave instances of some cases which occurred in his own practice, and was also of opinion that fatty heart and the paralysis of that organ might explain the symptoms related by the reader of the paper.

Dr. Gardiner did not think that either fatty degeneration or paralysis could account for the phenomenon. There was a slowing of the pulse and no diminution of volume, two conditions which would not be likely to follow fatty heart.

Thursday morning.—The Association met at 10 o'clock, the President in the chair. The minutes of the last meeting were read and adopted.

The following report of the Nominating Committee was then read and unanimously adopted.

Place of meeting for the next year: Hamilton.

President, Dr. J. E. Graham, Toronto; Vice-Presidents: Ontario—Dr. Dupuis, Kingston; Quebec—Dr. Russell, Quebec; New Brunswick—Dr. Currie, Fredericton; Manitoba—Dr. O'Donnell.

Local Secretaries: Ontario—Dr. McKeough, Chatham; Quebec—Dr. Bell, Montreal; New Brunswick—Dr. Lunam, Campbellton; Nova

Scotia—Dr. Trueman, Sackville; Manitoba—Dr. Chown, Winnipeg.

Chairman of Local Committees in Hamilton: Dr. Malloch.

Dr. Graham moved, seconded by Dr. Sheard, that the Committees on Medicine, Surgery, Obstetrics, and Therapeutics be abolished, and in order that this change take place at once, the by-law requiring notice of motion be suspended. This motion was carried unanimously.

Dr. Campbell then moved, seconded by Dr. McFarlane, of Toronto, that the by-law authorizing the formation of a Committee whose duty it is to make Reports at the Annual Meeting on Medicine, Surgery, Midwifery, and Therapeutics, having been suspended by a unanimous vote of the Association, the President do name at this meeting readers of addresses upon specific subjects in Medicine, Surgery, Midwifery, and Therapeutics, and that these gentlemen be at once notified of their appointment by the Secretary. In the event of the gentlemen named by the President declining the appointment, he shall have the right to name substitutes.

This resolution was carried unanimously.

The Association then divided into sections.

In the Medical section, Dr. R. W. Campbell read a paper on "The treatment of Whooping-cough by Quinine." He spoke of the obstinate and distressing character of the disease. The writer commenced to use quinine after it had been advised by Dr. Dawson, of New York. He had notes of over one hundred cases in which the remedy had produced excellent results. The essentials in the quinine treatment are, 1. The drug must be pure; 2. It must be dissolved in acid, and not disguised by syrup or aromatics; 3. It must be given freely. For young children, the dose is from five to eight grains; for adults, ten to forty grains. The writer is of opinion that whooping-cough is a parasitic disease, and that quinine acts as a germicide. He spoke also of the use of a solution of quinine in the form of spray.

Drs. Trenholme, Graham, and Gardiner took part in the discussion, and gave their testimony to the efficacy of the quinine treatment. The latter two gentlemen did not think it necessary to leave out the syrup or aromatics.

Dr. R. A. Reeve then read a paper on "Glaucoma," which was illustrated by charts of various pathological conditions of the eye in this disease. The essential pathological condition of glaucoma is an obstruction to the outflow of the secretions of the eye.

Dr. Buller stated that you may have subluxation of the lens, without glaucoma following for at least a long time.

Dr. R. A. Reeve, in his reply, condemned the free use of atropine, and considered it an occasional cause of glaucoma.

This concluded the work of the Medical section.

A general meeting of the Association took place at 2 o'clock, Dr. Canniff in the chair, as the president was absent.

Dr. McEachren, the Principal of the Veterinary College, gave an address on the "Pleuro-pneumonia of Cattle," which was illustrated by pathological specimens. The principal difference between pleuro-pneumonia in cattle and that of man is, that in the former the disease is first, and essentially, an inflammation of the interlobular connective tissue; the alveoli are only secondarily affected.

Votes of thanks were then given to the authorities of the Laval University for the use of the building, and to the railroad and steamboat companies for the courtesy shown by them to the Association.

The Association then adjourned.

A report of the Surgical Section will appear in our next number.

Selected Articles.

ON THE TREATMENT OF DIPHTHERIA.

Dr. Miller in a paper read before the American Medical Association gave the following as a summary of the nature of diphtheria, and his treatment of that disease:

Diphtheria is not croup.

1. Diphtheria is infectious. Croup is not.

2. Diphtheria is a general disease. Croup is local.

3. Diphtheria is an epidemic asthenic disease. Croup is a sthenic local inflammation.

4. Diphtheria may be followed by paralysis. Croup not.

5. Diphtheria may be complicated by albuminuria. Croup not.

6. The diphtheritic membrane involves the subjacent tissues. In croup the exudate becomes a solidifying membrane upon the mucous surface.

In the management of diphtheria it is of the first importance to recognize the infectious nature of the disease. For the protection, therefore, of the healthy, isolate the sick. The room assigned to the affected should contain only the simplest articles of furniture. Carpets, curtains and upholstered furniture should be removed. The atmosphere of the apartment should be kept at a uniform temperature of about 72°, and good ventilation should be secured without exposing the patient to draughts of air.

After the termination of the case, the thorough disinfection of the room, bedding and furniture should never be neglected, and the same may be affirmed of the clothing and persons of the attendants, and of the convalescing patient, as well.

The indications of treatment may be formulated as follows:

1. Destroy the septic germs in the blood.
2. Eliminate effete material from the system.
3. Prevent the formation of, or remove the pseudo-membrane.
4. Control pain and restlessness.
5. Sustain the strength of the patient.
6. Prevent the sequelæ.
7. Perform tracheotomy (?) or intubation.

The asthenic nature of the disease should be borne in mind, even in the earliest stage, that the treatment may be preventive of the possible sudden prostration which precedes the dangerous complications. The alimentary canal should be freely evacuated. This may be accomplished by exhibiting some unirritating agent, as castor oil, rhubarb, or a suitable dose of the compound cathartic pill ($\frac{1}{2}$ grain or 1 grain).

Keeping in mind the indications which have been tabulated, some combination of remedies may be devised which will meet most of the requirements of the case. And it is fortunate that the remedies from which experience justifies an expectation of benefit are not incompatible, and may therefore be grouped. It is also worthy of consideration, that medicines intended for children especially should be rendered as palatable as possible. For this purpose the syrup of lemon may be substituted for the glycerine and water in the following prescription.

The following prescription is suggested as an example of such combination:

R.	Tr. ferri chloridi.	. . . . .	ʒj.
	Potas. chlorat.	. . . . .	ʒij.
	Acid hydrochloric dil.	. . . . .	m. xx.
	Tr. capsici.	. . . . .	ʒj.
	Morph. muriat.	. . . . .	gr. ss.
	Glycerine	. . . . .	ʒij.
	Aq. destil.	. . . . .	ʒijss.

M. S. Give a teaspoonful every hour or two or three hours, according to the urgency of the symptoms.

Of course the proportions of the several ingredients will be varied in different cases to adjust the doses to the age and condition of the patient. The directions for taking the mixture given above, however, convey but an imperfect idea of the most efficient mode of using it. The patient should be required to take a drink of water, then immediately take the mixture undiluted. By this mode several indications are fulfilled at one and the same time. An efficient local application is made to the throat each time the mixture is administered, and the constitutional tonic, antiseptic and anodyne effects are also secured. The water which was taken before the medicine will be sufficient to properly dilute the remedies in the stomach, and thus prevent any irritation of that organ.

In mild cases this prescription will fill all indications, and a large proportion of cases in which this treatment is commenced early will progress and terminate as mild cases, which under some other course would prove severe and endanger life. It will be unnecessary to annoy the patient

by making other local applications. Moreover, there is good reason to assume that the paralysis which is sometimes a serious complication during the convalescence is due to impoverishment of the blood, the restoratives contained in this mixture should therefore prove a powerful preventive of this complication. Experience justifies this expectation, for paralysis will be encountered but seldom during the progress of the disease or in the convalescence.

The same may be affirmed of the effects of this mixture upon the local symptoms and upon the formation of the pseudo-membrane. The local pain, the congestion and swelling are relieved, and it is not unusual to see the forming membrane disintegrate and disappear within twenty-four hours after commencing the treatment. The earlier suitable topical applications are made to the exudate the more easily may it be removed. Unquestionably the case is sometimes made worse instead of better by the frequent resort to the probang, charged with escharotics or irritating agents. Besides, the excitement produced by this procedure must result in injury to the patient, especially when force is required to overcome the resistance offered by the child from fear and dread of the operation.

The importance of surrounding the patient with a warm atmosphere has been asserted. It is also important that the air be kept moist. The inhalation of simple warm aqueous vapor will produce benefit by its solvent effect upon the exudate, and also by allaying irritation and discomfort of the fauces. While this is being done additional benefit will be attained by charging the vapor with some agent or agents of recognized power in resolving the membrane, and also efficient as antiseptics, as aqua calcis, eucalyptus, oil turpentine. Pepsin or trypsin may have a beneficial effect in dissolving the membrane, when the ordinary remedies fail.

The steam atomizer will be found efficient in utilizing the vapor. After a certain age, no difficulty will be experienced in directing the spray into the throat. And even in cases of very young children, the timidity may be readily overcome by placing the atomizer when in use (and it should be in use while the false membrane persists) at a distance from the face, and gradually approximating it till the vapor is inhaled freely. The same object may be attained by causing the vapor, charged with the solvent, to rise from an open vessel placed contiguous to the patient.

Of albuminuria it need only be said that it is present in a large proportion of cases, and that while the kidney is large and pale, it is not indicative of the serious renal complications, as in scarlatina, and it is exceptional when any serious effects from it become chronic. Iron and chlorate of potash would seem to be indicated for this phase

of the case, and these are contained in an eligible form in the prescription already given. Too much stress cannot be laid upon the importance of sustaining the strength by the liberal use of nourishment. Though the patient may feel no desire for food, he may be induced to take it, if it is offered in a concentrated fluid form, which should be repeated at short intervals. In conditions of great depression, stimulants are indicated. It is a fact of common observation that alcoholic stimulants are well borne in diphtheria, and that intoxication is not likely to follow even the free administration of whiskey. So beneficial are stimulants, that the free use of spiritus frumenti is considered by some as specific treatment (?) in diphtheria. Under the same condition it will be natural to cast about for other active tonics, and quinine will be among those selected. That quinine produces any specific action in diphtheria is problematical, and when administered, it should be for its tonic effect.

Strychnia is the remedy frequently prescribed for the removal of paralysis complicating diphtheria, as if this drug had some specific influence in restoring muscular power. Query—Can strychnia be relied on for restoring innervation in this, as in some other forms of paralysis? Are not the indications here first, to establish assimilation, and second, to improve the quality of the blood?

Galvanism is an agent of undoubted value in the treatment of these paralyzes, by stimulating nervous power, by exciting muscular contractions and by increasing the nutrition of all the structures involved in the paresis. Should tracheotomy be performed, even in extreme danger of the patient in diphtheria? It is true this operation has been performed many times when the patient was in great peril; and sometimes recovery has followed. It would be just to say that the recovery in at least a minor proportion of cases has been due to the operation. This, however, has happened so seldom that the procedure has long been regarded by the laity with disfavor; and were the whole truth stated, undoubtedly the profession regard tracheotomy as the forlorn hope. And furthermore, there is reason to believe that in a proportion of cases, the fatal result might have been avoided, had the surgical interference not been interposed.

When we review the past we can see but little in the results of tracheotomy that is reassuring. Any procedure, therefore, which promises equal benefits, and is at the same time free from the objections indicated, will surely be hailed as an improvement. Intubation, it is now claimed, offers these advantages. Since the revival of this procedure by Dr. O'Dwyer a little more than a year ago, it has been tested in many cases, and the results as reported have been so satisfactory as to encourage the hope that it will soon supersede tracheotomy, at least in the majority of cases. It

is certainly free from the objections which render cutting so unpopular. The consent of the parents is easily obtained. No solution of the continuity of tissues is produced, to add to the complications which already exist. It is therefore bloodless. It is not particularly difficult of performance. The relief is many times immediate.

VALVULAR DISEASE OF THE HEART

Probably a considerable number of the readers of the *Hospital Gazette* will soon be encountering the problems of actual practice. These, they will find, are not so simple as the conundrums of the examination table; and answers which may be quite satisfactory to the examiners may scarcely be so successful with the anxious friends of the patients under their charge.

It is well not to underrate the gravity of any case. It is equally desirable not to overrate it. It is all very well to comprehend the significance of a cardiac murmur; but it is not well to build upon it a superstructure which is not warranted by the facts of the case, and which tumbles down in time.

Before the examiner the full significance of a cardiac murmur must ever be held up conspicuously. It indicates an intimate acquaintance with the pathology of the subject. But when a murmur is encountered in practice, it is not well always to make the most of it. Our knowledge of valvular disease of the heart is comparatively recent, and, consequently, our teaching has not escaped from the thrall of our early text-books. The first observers have made the diagnosis from the physical signs, followed the case to the *post-mortem* room in order to see how far the diagnosis was correct. The dead-house was the natural sequel to every case recorded, in order to prove the value of careful physical examination. This was the infancy of knowledge. But at the present time our acquaintance with valvular lesions is almost as complete as it is ever likely to be—unless some new method or means of examining the heart be discovered. With the requisite knowledge and habitual carefulness in diagnosis, any ordinary valvular lesion of the heart ought not to present any difficulty.

And yet we find Geo. Balfour, a recognized authority on disease of the heart (who thinks we can often recognize the condition of the heart in life almost as accurately as if we had the organ before us), writing as follows about the coming and going of murmurs—accepted at the examination table as almost infallible guides:—"It not unfrequently happens that a patient presents himself with a note from his ordinary medical attendant stating that so-and-so labours under cardiac valvular disease, and yet on careful examination no murmur can be detected." Yet possibly, even

probably, the ordinary medical attendant has not been careless, or in error. How is this explained? Balfour says it is due to "the very remarkable manner in which even murmurs dependent upon recognised organic lesions change and vary, and not infrequently disappear, the lesion of course still remaining." From this it would seem that recognized valvular disease may not be marked by a persistent, unvarying, ever-present murmur, which can implicitly be trusted.

But it may be well to consider briefly how far murmurs may exist without evidence of valvular mischief, and how far such valve-change may exist without giving rise to a murmur. In other words, to review the matters of murmurs and their production. It is chiefly with stenotic or obstructive murmurs that mistakes are made in practice. A murmur may be due to rough edges, or growth on the free borders of the valve-curtains, and be heard always loud and unmistakable; and yet there may be no valid evidence of actual disease. Or some displacement of the heart, as by pleuro-pericardial inflammation, may so modify the blood-current as to give rise to a loud murmur—and nothing more. Or there may be an exocardial murmur present. Such are the common pitfalls, as experience tells.

But even regurgitant murmurs are not always trustworthy. Prof. Gairdner, of Glasgow, some years ago, put on record a case of aortic regurgitation where shortly before death the characteristic murmur disappeared. Yet this is the most stable and trustworthy of all murmurs. And in this case a well marked amount of valvular disease was found on post-mortem examination.

It is not, however, with rare cases, but with the every day matters of ordinary practice, this article is chiefly concerned. A murmur is heard—a distinct well-marked murmur, accepted as indicative of a certain form of mutilation, at a certain valvular orifice. The practitioner is fairly justified in diagnosing a certain form of valve lesion. There is no mistake about the diagnosis. Any authority upon the subject subsequently consulted at once confirms the diagnosis. There is no conflict, no questioning about the diagnosis. But the prognosis is a very different affair.

The general practitioner has had many matters to attend to, and valvular lesions of the heart have not specially attracted his attention. Consequently, when brought face to face with a concrete valve-lesion he does not feel quite at home with the subject. The diagnosis he is fairly clear about. As to the existence of a lesion, yes, but as to all the outcomes thereof, such as the extent of injury, the amount of danger to life involved therein, how far the patient is disabled, and what amount of effort is alone safe and compatible with existence? These are subjects on which questions will be asked and answers expected. How are these questions to be answered?

The first matter to recognize is this—the earlier a valvular lesion is established, the more complete is the muscular compensation set up, and the better it is maintained. Thus, the establishment of a mitral lesion in childhood carries with it a far better prognosis than an equal lesion set up by gout or an attack of bronchitis in middle age.

The next is the extent of the lesion. The smaller it is, the easier it is compensated and the easier it is maintained. A small lesion requires no great compensation; and the less the compensation the longer it can be upheld; whereas, a large valve lesion will soon wear out any compensation the system can set up.

My experience in connection with valvular lesions of the heart is that their gravity is never underestimated. The general practitioner never errs upon that side of the wall. But, as all cases are not of the gravest order, a certain amount of over-estimation is experienced. A murmur is found indicative of a certain form of injury at a certain valve; and from this ensue orders so restrictive that life is made a burden to the patient. Sooner or later some of the friends insist upon a consultation with some recognised authority in the subject. I trust that as regards myself, like Dr. Geo. Balfour, I have pointed out how easily some difference of opinion may be created by the varying characters of murmurs—even when unquestionably connected causally with valve-changes. But even when trying one's best not to invalidate the previous opinion, it is not always possible to avoid doing so if conscientiously compelled to relax the rigorous regulations laid down by the original medical attendant.

It would do no real good to attempt to bolster up the first opinion. A man's skin is nearer to him than his shirt—to put the matter on the lowest grounds of selfishness. A consultant has his own reputation to guard. It is far more disastrous for him to trip in his own specialty than for a general practitioner to make a false step. Facts and time would simply disprove his opinions as ruthlessly as that of some other man less known in connection with the subject.

What, then, remains is to urge upon the general practitioner more caution in the first place. Young people with mitral lesions are not liable to die suddenly, as a rule. A quiet life of indoor employment is quite compatible with length of days in the case of a valvular lesion of moderate extent; only great mental shock or severe muscular exertion must be avoided. If the patient can get about without much distress, the lesion is not a large one; and with care, proper nutrition, and tonics (when required) the patient is not cut off from the possibility of making old bones.

One great matter to be clear about is this: fatty degeneration is a senile change only found in young persons under very peculiar circumstances. It is

not until such necrobiosis is well established that the heart is apt to come to a standstill in diastole. The cardiac impulse may be weak and the first sound feeble, but this combination is insufficient to justify or warrant the conclusion of fatty degeneration. The heartwall may be temporarily weak and ill-nourished; and when this is the case with a valvular lesion, especially at the mitral orifice, symptoms of dropsy are liable to show themselves amidst other evidences of cardiac asthenia. But rest in bed, with careful feeding, will usually permit of the heartwall regaining its lost vigour, and with that the morbid phenomena disappear.

This may occur again and again until at last degeneration of the muscular ball interferes and prevents recovery, when the patient necessarily sinks. But the final ending is often long delayed; and in the earlier attacks rest in bed, good food, and remedial agents which increase the energy of the cardiac contractions will often give very satisfactory results. If instead of a hopeless prognosis which palsies energetic treatment, some medical men would pick up heart of grace and try what can be done, they would attain results often startling and gratifying to themselves and the friends of the patient; and, further, creditable to the reputation of the profession as a body.—FOTHERGILL, in *Hospital Gazette*.

HAGEDORN'S NEEDLES AND NEEDLE-HOLDER.

Dr. Powell has communicated the following description from the *London Lancet* of an excellent needle-holder and needles, devised by Dr. Hagedorn of Magdenburg. This instrument is used by himself and other gentlemen in the city.



"The needles are semi-circular in shape, the section of the stem being an oblong parallelogram of the same thickness throughout its length. The point has a single cutting edge on its convex surface. The advantages which these needles have over the curved needles in general use are that the puncture they make is a fine slit at right angles with the edge of the wound to be united, and, therefore, when the suture is tightened the edges of the puncture are approximated, not made to gap;

the puncture of the needle is also at right angles at the surface of the wound, and the suture approximates the whole thickness of the parts through which it is passed with equal tension; and the needles are stronger and much less liable to break when held in a holder than those in common use.

The needle-holder is very simple in construction; it grasps the flat surfaces of the needle, and can seize and hold the point as securely as any part of the stem. The jaws are closed with a lever handle, which can be fixed by a ratchet. For special purposes these holders are made of different lengths and shapes, but anyone who uses them will soon be convinced of their great convenience and merit."

EAR DISEASE IN DIPHTHERIA AND SCARLET FEVER.—Dr. Thomas Barr, of the Glasgow Ear Hospital, concluded the clinical history of a case of scarlet fever, complicated with nasal and pharyngeal diphtheria, acute suppuration of both middle ears, rapid destruction of tympanic membranes, serious loss of hearing, facial paralysis, and abscess of the lachrymal sac, ending in recovery, with the following remarks:—"1. This case bears out what Burckhardt-Merian has especially drawn attention to—namely, that scarlet fever, when complicated with or followed by diphtheria, is apt to give rise to a most destructive type of disease of the ear. It is probable that in such cases there is a real propagation of the diphtheritic membrane along the Eustachian tube to the tympanic cavity, and even to the external auditory canal. We have not simply to deal with an ordinary collection of purulent secretion in the tympanic cavity, with rupture of the membrane and evacuation of the pus; we have rather to do with a rapidly destructive ulcerative process, which, as is shown by this case, denudes the organ of the tympanic membrane in a very short time. There is reason to believe that scarlet fever alone does not produce such havoc; the addition of the diphtheritic poison seems to impart that destructive tendency to the ear complication which may terminate in deaf-mutism, or even lead to a fatal issue. 2. From the favourable course of the facial paralysis in this case, we need not despair of recovery from this complication of purulent disease of the ear. In children, not only is the facial nerve, as it lies in its osseous canal on the inner wall of the tympanum, in close juxtaposition to the mucous membrane of the tympanic cavity, but the bony walls of this canal are very frequently defective when the neurilemma of the nerve is in actual contact with the mucous membrane. It is easy to understand how, with such an anatomical arrangement, the pressure of granulation tissue, swollen mucous membrane, or even of secretion, may produce paralysis of the facial nerve without ulcerative disease of the bone,

and therefore without the same gloomy prognosis. 3. The recovery of fair hearing also illustrates a fact which is not unfrequently observed—namely, that fair hearing may exist even when the tympanic membrane is almost quite destroyed. What is of more importance than the presence of the tympanic membrane is a normal mobility of the fenestral structures. If these structures, with the stapes, are not thickened, bound down by adhesions, or subjected to pressure, fair hearing power may be enjoyed, although the membrane, with even the malleus and incus, should have been swept away. 4. This case also shows in a striking way the value of treatment by rectified spirit in purulent disease of the middle ear associated with granular excrescences." The following is Dr. Barr's description of the treatment pursued in the case referred to above:—"Diluted rectified spirit was employed in the strength of one-third of spirit and two-thirds of water. The following process was carried out every eight hours:—(1) Careful syringing with a warm solution of boracic acid; (2) removal of all the moisture in the interior of the ear with absorbent cotton on a cotton holder; (3) instilling into the ear fifteen drops (warm) of the diluted spirit; (4) allowing it to remain in the ear, while the child lay on the opposite side, for fifteen minutes; (5) drying the canal with cotton, and then placing a plug of salicylated cotton in the orifice of the ear. This treatment was, of course, applied to both ears. In addition, and in order to ensure still more thoroughly the complete expulsion of the purulent secretion, Politzer's method of inflating the middle ear was performed once a day after the syringing. The nasal passages were also syringed daily with a tepid solution of chlorate of potash. The strength of the spirit was gradually increased to equal parts of water and rectified spirit, but when employed stronger than this the pain excited by it compelled us to return to the weaker form. This method of treatment very soon proved itself to be the most efficient. The discharge perceptibly diminished; the granulation tissue began to shrink; and the hearing power became more acute."—*Lancet*.

THIRD STAGE OF LABOUR.—I believe that the great facts in the natural history of the expulsion of the placenta and membranes are that they are not separated for some time after the birth of the child, that they are then expelled by uterine contraction and retraction, that the placenta is expelled from the uterus usually edgewise, and that no access of air occurs into the genital tract. In the management of a normal third stage, the patient should therefore occupy the dorsal posture, and the accoucheur should grasp the uterus with his left hand to ascertain its tone. When this is good, he retains his grasp merely to note if the

uterus relaxes. When good pains come on, I do not consider it necessary that these should be helped by the practice of expression or what is known as Crede's method. In a normal case, the risk is that the placenta, bulky as compared with the membranes, may be squeezed out too soon, and parts of the membranes left behind. When, however, the placenta remains in the uterus half an hour after the delivery of the child, expression should be tried, but only with the left hand. After some practice, one can tell whether the placenta can be expressed, or whether adhesions are present. In the former case, the accoucheur feels the uterus diminishing in bulk as the placenta is expressed; whereas, in the latter case, no impression is made on it by moderate pressure. When the placenta is in the vagina (a condition recognised by the altered shape of the uterus), but does not soon appear at the vaginal orifice, slight downward pressure in the axis of the brim will help its expulsion. If more than slight pressure is needed, the question must then arise whether the retention is not due to non-separation of part of the membranes. The cleansed fingers may be passed into the vagina, the presenting part of the placenta laid hold of, and gentle traction in the proper axis will effect delivery. When the placenta is detained in the vagina, it is sometimes convenient to place the patient in the semi-dorsal posture, to draw down and back the posterior vaginal wall with the cleansed fingers, so as to straighten it; and then by slight downward pressure, with the external hand in the axis of the brim, to effect delivery. In those cases where uterine action is feeble, expression is of the very greatest value. It then imitates the natural process, and places such a case on a level with the normal. The uterus should be grasped with the left hand as fully as possible, the thumb being in front and the fingers behind. It is then squeezed firmly in the direction of the line joining the finger and thumb, without any downward pressure. In partial adhesions of the placenta, or in adhesion of the membranes, the practice of expression is in the highest degree dangerous. The non-adherent portion is separated and forced down and out, while bits of the placenta or membranes are left behind, exposing the patient to septicæmic risks. When morbid adhesions exist, the accoucheur must separate them manually, using all antiseptic precautions. The hands must be thoroughly cleansed with corrosive sublimate solution (1-2000), and a vulvar and vaginal douche of 1-4000 given. After the separation, the douche of 1-4000 must be repeated, the amount of introduction of the tube depending on the extent of the internal manipulation. In this, as well as in a natural case, it is well to have the diapers used in the puerperium dipped in the corrosive sublimate (1-2000), and dried, or the discharge received into sublimated wood-wool wadding.—*Brit. Med. Journal.*

ERYSIPELAS AND PUERPERAL FEVER.—An important paper on the relationship between these two diseases has been published by Professor Gusserow, of Berlin. He remarks that it has been believed, especially in England, that erysipelas and puerperal fever were closely allied, if not identical. This doctrine rested on the propositions which were assumed to be facts, that erysipelas and puerperal fever were found to prevail together, that puerperal fever could produce erysipelas, and erysipelas puerperal fever; and that anatomically, according to Virchow, in some forms of puerperal fever the changes in the cellular tissue of the pelvis were identical with those produced by erysipelas. Dr. Gusserow thinks that our knowledge on the subject is very superficial and defective. The observations adduced in support of the propositions above mentioned, although enough to make imperative the greatest care in protecting the lying-in woman from the contagion of erysipelas, are yet far from being sufficient to prove the pathological theory which is based upon them. Dr. Gusserow is of the opinion that there is no connexion between puerperal sepsis and erysipelas. In the first place, a great number of cases of erysipelas during pregnancy, have been seen, and our author has seen erysipelas come on in pregnancy, and the patient delivered while the disease was at its height; and yet there was nothing abnormal about the lying-in; the patient suffered from ordinary erysipelas, and nothing more. He has seen erysipelas come on during pregnancy; the pyrexia lead to the death and expulsion of the child, and the mother subsequently die; when the post-mortem showed that the puerperal process was simply a complication of the erysipelas, no sign of disease of the genital organs being found, but post-mortem appearances like those usual in erysipelas. Dr. Gusserow has also seen erysipelas appear as a complication in childbed, but it ran its course just as in any other subject, the course of the lying-in being in no way influenced by it. He has seen erysipelas coming on during childbed prove fatal, and the post-mortem appearances were then simply those of fatal erysipelas, no sign of disease of the pelvic organs being present either during life or after death. Instances have moreover been recorded in which, during an epidemic of puerperal fever in a lying-in hospital, some patients have been affected with erysipelas, and other cases in which erysipelas and puerperal fever co-existed in the same patient. Both as to symptoms and post-mortem appearances the phenomena of the two diseases were quite distinct; they were combined, but did not modify one another. Lastly, Professor Gusserow urges that we have now the proof, in the existence of a special micrococcus peculiar to it, that erysipelas is a specific disease. He has failed in experimental inoculations of the erysipelas-coccus under the skin and into the peritoneal cavity, to produce phenomena anything like those of sep-

ticæmia. The erysipelas coccus produces erysipelas, and nothing else. Redness and swelling of the skin, which undoubtedly are sometimes present in septicæmia, ought not to be called erysipelas unless the erysipelas coccus is present — (*Arch. f. Gynaekologie.*)

MANAGEMENT OF THE SECUNDINES.—So long as retained placenta is in the uterus or vagina the life of the woman is in jeopardy, and she may at any time be attacked with profuse hemorrhage, septicæmia, and pelvic cellular or peritoneal inflammation. When she has apparently recovered, a placental or fibrinous polypus may form in the uterus, or she may suffer from subinvolution, hyperplasia, etc. Several women in Louisville have died within a few years from septicæmia, with pelvic peritoneal and cellular inflammation, or hemorrhage, caused by a retained placenta.

It may be urged that puerperal septicæmia is always exogenetic in its origin, but we know that a decomposed retained placenta is a prolific cause of the disease, and that its removal or disinfection is the only rational treatment. In abortions before the end of the second month, if hemorrhage ceases, no effort should be made to remove the membranes, unless they protrude into the vagina and can be taken away without introducing the fingers or instruments into the uterus. These little membranes are generally innocuous, and will be separated and expelled without causing dangerous complications. But if pregnancy has continued until a placenta has formed, expectation should not be practiced. If in abortions after the second month the placenta is not expelled in twenty or thirty minutes, it should be removed, unless the woman is threatened with collapse or syncope from hemorrhage, and when, from the absence of arterial pressure, hemorrhage has stopped. We may then wait until she has recovered from shock, or until there is decomposition of the membranes, or a recurrence of hemorrhage.

If the operation is done without delay the os will usually be dilated or dilatable, and a finger or fingers may be easily introduced into the uterus. There is no instrument that can be substituted for the fingers, though it may sometimes be necessary to use other means to dilate the os. Tents should, if possible, be avoided, and if the os cannot be dilated with the fingers, Ellinger's dilator, or my modification of Leonard's dilator, or Molesworth's dilator, may be used. The operation is seldom difficult; and with the patient anesthetized, any part of, or the entire hand, may be introduced into the vagina, enabling us to examine all the uterine cavity with the fingers and to remove every part of the placenta and membrane. Hemorrhage will then stop, and there will probably be no other untoward symptom. Of course our hands should be thoroughly disinfected, but this should be done in

every case of delivery. In premature labor and in labor at term, the placenta is more easily separated than in the earlier months, and is less frequently retained. I fail to recognize a single fact to justify expectation in the management of the third stage of labor in the latter months of pregnancy, and while I do not believe it usually necessary to supplement or supplant nature in an effort to remove the membranes immediately after the child is born, I do not think the placenta should be left in the uterus more than twenty to thirty minutes, and it should be removed from the vagina immediately.

The membrane can generally be removed by judicious expression during labor pains, but if this fail we may assist expression by introducing some fingers into the vagina and gently drawing upon the end of the folded placenta. With a reasonable degree of care this treatment would neither cause septicæmia nor invert the uterus, and such accidents could only result from criminal ignorance or carelessness in the physician. Unless uterine inertia follows the birth of the child there is no necessity for attempting expression until the uterus contracts in an effort to expel the placenta. We should then follow the Credé method, being careful to express only during a contraction. But it is always safe treatment to keep a hand over the uterus to see that it does not relax, and to encourage it to contract by kneading, massage, or expression, if it fail to do so otherwise.—DR. WATKEN, *Jour. Am. Med. Assoc.*

THE ORIGIN OF SCARLET FEVER.—There is good reason to believe that we may be on the brink of making one of the most startling discoveries ever chronicled in the history of medicine, that, namely, of the source and origin of scarlet fever, a disease that is accountable for one out of every thirty deaths that occur in the United Kingdom. It has long been familiar to those engaged in sanitary investigations that many epidemics of scarlet fever have followed a particular milk supply; but in most of these instances the disease has first appeared among persons concerned in the work of collection or of distribution, and it was therefore assumed that its subsequent extension to consumers was a result of its infectiousness, and was brought about through the ordinary channels of human intercourse. When the boy who carried the milk had himself scarcely finished peeling after the malady, it seemed superfluous to look beyond him for the means of its communication to others. Last December, however, outbreaks occurred in South Marylebone, in St. Pancras, in Hampstead, and at Hendon, which were evidently related to a common source of milk supply, but in which it was impossible to trace any source of human infection. The dairy from which the milk was derived was shown to be in excellent sanitary condition, and the medical man

who attended the persons employed there was able distinctly to negative the idea that there had been a case of scarlet fever, even in the vicinity, for a long period. At this point, however, the inquiry was entrusted to Mr. Power, one of the most accomplished medical officers of the Local Government Board, who, by dint of the most painstaking and careful observation, at length ascertained that certain of the cows yielding the suspicious milk had been suffering from an eruptive disease of the udders and of contiguous hairy parts, which was capable of communication to other, unaffected animals. That these unsound cows were probably to blame for the outbreak was subsequently rendered certain, from the fact that on a certain day the milk supplied by them was returned to the dairy, condemned for destruction, but being surreptitiously obtained by some poor people living near the farm, its use by the families of the latter was followed by an outbreak of scarlet fever among the children.

Next, two of the affected cows were purchased and sent to the Brown institution, where Dr. Klein commenced a series of experimental investigations into the nature and infective properties of the eruption, the result of which showed that this was not only communicable by contagion, but that it could be transmitted to calves by inoculation also. Further, by the modern method of cultivation the virus could be reproduced *ad infinitum*, milk being by far the most favourable culture medium; and the curious discovery was made that the disease induced by direct contagion was of a much milder form than when it followed inoculation with the cultivated fluid. Pathologically, the effects produced were essentially those of scarlet fever, the kidneys especially yielding proof in this connection, and of a kind that places the relation of cause and specific effect practically beyond all question.

So far, of course, the absolute identity of the disease cannot be certified; but it is, at least, highly probable that, the attention of the profession being fairly aroused to the matter by publication of the work already done, further evidence in point will rapidly accumulate; and there opens up before us, in consequence, the alluring prospect of a speedy conquest over one of the most fatal diseases which afflict modern society. For the moment astonishment will naturally surpass all other feeling, as we contemplate the principal truth presented to us, viz., that milk is the invariable vehicle of scarlatina, and that the source of the germs producing it is to be found in a seemingly trivial skin disease affecting milch cows; but when once the truth, if such it be, is fairly realized, the sense of gratitude for such an epoch-making discovery, and for the obviously simple means of prevention it will permit of, must overpower every other sentiment. Nor is the time an inopportune one for

publishing the observations already made. For a long period suspicion has deservedly attached to milk as a vehicle of infection; and only last year strong arguments were advanced for the belief that milk from a diseased cow had originated diphtheria in those who partook of it. Indeed, in many ways the medical world has been prepared for the reception of some such theory as that now advanced; and it is by no means improbable that from theory it will merge into proven truth.—*Hospital Gazette*.

GONORRHOEAL RHEUMATISM.—Loeb is of opinion that gonorrhœa is only complicated by rheumatism in those cases in which the gonorrhœal process has attacked the hinder portions of the urethra, and in favour of this view he adduces the two facts, first, that the rheumatic symptoms never occur in the early stages of the gonorrhœa, and, secondly, that in the great majority of cases the rheumatism is never seen at all during the first attack, but only after subsequent attacks, when the posterior parts of the urethra are almost certain to be involved. As to the disputed point whether the rheumatism is to be considered as a disease *sui generis*, or as merely an ordinary rheumatic inflammation of the joints, predisposed by the gonorrhœal infection, he comes to the conclusion that *polyarthritis rheumatica* and gonorrhœal rheumatism are two perfectly distinct diseases, and he bases his conclusions on the following grounds:—(1) The difference in the relation of the fever to the local changes in the two diseases; in ordinary rheumatism the fever and the joint affection generally running hand in hand, whereas in gonorrhœal rheumatism the fever is always slight and in most cases is almost, if not entirely, absent. (2) The difference in duration of the two processes, the gonorrhœal rheumatism running a much longer course. (3) Gonorrhœal rheumatism is much less erratic in its character than ordinary rheumatism. (4) The frequent association of gonorrhœal rheumatism with inflammation in the eyes, this inflammation, according to him, occurring sometimes without contagion, and being simply another local expression of the gonorrhœal infection. (5) The less frequent implication of the heart in gonorrhœal rheumatism. (6) The greater tendency to inflammation of the sheaths of tendons and synovial sacs generally in gonorrhœal rheumatism. (7) And lastly, the difference in behaviour of the two processes towards the salicylates. Loeb thus considers the gonorrhœal rheumatism as an infectious process, the seat of infection being the hinder parts of the urethra; and this view receives apparent support from the recent discovery of a specific organism in the gonorrhœal secretion, the gonococcus. Some doubt, however, still exists as to the specific character of this organism, and hence Loeb is more inclined to think that the cause of the infection will be found in non-specific organisms, examples of whose action in producing

inflammation in joints we have, according to him, in the rheumatic affections of the joints which sometimes occur during the puerperium, also along with bronchiectasis, scarlet fever, and dysentery. As to the treatment, it is especially important as quickly as possible to cure the inflammation in the urethra, and especially of the hinder parts.—(*D. Arch. f. klin. Med.*)

PUERPERAL FEVER.—In the Vienna school puerperal fever is known as septic infection, depending (1) upon the local lesion; (2) the infection of these local lesions. Then follow: (1) high fever and inflammation of the genitalia; (2) peritonitis, or pyæmia. There are three varieties recognized.

First. Puerperal peritonitis, or puerperal endometritis, with a symptomatology of fever, unclean lochia, meteorismus, vomitus, and peritonitis. Post-mortem section shows endometritis consecutiva, salpingitis and peritonitis purulenta, with exudations.

Second. Puerperal metro-phlebitis or pyæmia without peritonitis, the septic virus passing through the placental sections to the uterine veins. As symptoms we have: High fever, chills, torpor, subinvolution of the uterus. The abdomen is flaccid and painless on percussion. There may be icterus and metastatic phlegmon.

Third. Peritonitis plus pyæmia, or lymphangitis uteri, or phlegmona pelvis septica.

The treatment is local when a woman begins to have fever on the second day post partum. The external genitals and vagina are washed with $\frac{1}{2}$ per cent carbolyzed water, or with a 1-5000 sublimate solution. When operations have taken place, and the lochia are pathological, and there is high fever, the uterus is irrigated, a glass tube being used; $\frac{1}{2}$ grms. of iodoform, are placed in the uterus. The formula used is: R. Iod. pulv., 18 parts; Amyl. puræ; Glycerinæ; Gum arabic, aa, 2 parts.

Ice applications to the abdomen are used in peritonitis incipiens. Ergot is used internally. The antipyretics used are quinine, $\frac{1}{2}$ grms. daily; sod. salicyl., $\frac{3}{4}$ grms. daily; antipyrin, $\frac{1}{2}$ grms. daily. If these do not avail, the cold bath is resorted to. Alcohol is used freely in pyæmia, but never in peritonitis. In incipient peritonitis the following treatment obtains: Ice pills; ice cataplasms on abdomen; opium by the rectum, and quinine by rectum. In puerperal ulcers local applications of iodoform, or of iodol (which is expensive but devoid of odor), are resorted to. Salicylic anlyum (1 part of salicylic acid to 5 parts of amylum), has also its merits. It has been found that the cases of puerperal metro-phlebitis, although attended with metastatic transference of the poison, forming abscesses and involving the lungs themselves, tend, in a large percentage of cases, to recovery; while those cases of puerperal

peritonitis almost always end fatally. Women seemingly moribund, in whom the whole system is poisoned, begin to recover as soon as elaborate metastatic action obtains. These patients are given alcohol very freely.—*Jour. Amer. Med. Ass.*

PORT WINE MARK.—(**NÆVUS VINOSUS**)—Our only method of treating the port wine stain is by means of external irritants. When it exists on parts of the body not exposed to view, it is better to leave it alone altogether. On the face it is so unsightly that an effort should be made to cure it. Unfortunately it cannot be said that our efforts are very likely to be successful. At one time I was inclined to give up the attempt, after trying multiple puncture, simple and with the cautery, Squire's multiple knife, and many other things. But as they so rarely disappear of themselves, and as I have latterly with persistence obtained somewhat better results, I believe we ought at least to give treatment a fair trial. It will require much patience, however, on the part both of patient and surgeon. Much time and care must be expended on them. The difficulty is to bring about a cure without destroying also the skin in which they reside, and so leaving a mark at least as disfiguring as the nævus itself. So far as I can see, our only chance is to bring about a dermatitis severe enough to lead to obliteration of the vessels, but not to produce ulceration. One attack of dermatitis, moreover, is rarely successful, unless the nævus be very small and pale. We have to repeat it over and over again through a period of many months; but looking to the effects of long continued frictional irritation, I have been encouraged to persevere, and, in some cases, have met with success. I have tried brushing with strong nitric acid, repeated blistering, iodine, perchloride of iron, and strong mercurial inunction. On the whole, I should say that iodine made the best application. The liniment, or the Edinburgh tincture, should be used and carried to strong irritation, to be repeated again and again as the cuticle peels off. The objection is the discoloration, so long continued and so conspicuous; but it is least likely to leave a permanent mark from its own action, and is at least as effectual as any other irritant.—*Ed. Med. Jour.*

MORBID GERMS IN WATER.—The close connection which often exists between drinking-water and the contagion of various diseases is unfortunately too well known to call for fresh announcement. A multitude of plans for purifying household water prove its general recognition. In all these the directing principle aims at the exclusion of organic matter, the source of chemical changes which nourish the omnipresent elements of infection. With regard to morbid germs themselves, it is more than doubtful if any system of filtration

can directly destroy or exclude them. It is true that they may be killed by oxygenation, but the power or duration of this process in domestic filtration can seldom, if ever, be relied upon for the purpose. Yet filters form an effectual check to disease, the germs of which are conveyed by water. The object still chiefly to be aimed at is therefore to starve out these injurious atoms by removing their organic pabulum. In reasoning thus, however, we imply that disease germs will only develop in water containing organic material, and not in that which is free from it; nor are we without experimental evidence in support of this view. Among investigations into this subject the most recent is that carried out by Messrs. Crooks, Tidy, and Odling on various London waters. Small quantities of culture fluid containing bacillus anthracis were introduced into household waters of different mineral composition, but free alike from organic impurity. In each case the germ remained active for a short time until probably its food-supply was used up, and the water was infective when added to a sterilised culture medium. After a few hours it lost this property. Thus it appears to be proved that bacillus anthracis, at all events, does not flourish in pure water, and we may probably regard it as being in this respect a test example of the behaviour of other morbid germs. These facts are encouraging since they show that a wholesome water-supply is possible even for the poorest, filter or none, if that in the mains is good and the domestic cistern is uncontaminated by dust or sewer air.—*Lancet*.

TUBERCULOUS MILK.—A series of researches and experiments in testing milk and its infectious qualities in the case of tuberculous cows has been published in a Scandinavian journal by Drs. Bang and V. Storch. Dr. Bang found that milk both from the tuberculous portion of the udder and the healthy portion contains bacilli, and always produces tuberculosis in rabbits inoculated with it; also that milk from tuberculous cows without diseased udders was not infectious in some cases, but in others it contained bacilli and produced tuberculosis by inoculation. On further investigation it was found that all the animals thus experimented on developed typical artificial tuberculosis. Milk containing bacilli was then put into a centrifugal cream-producing apparatus, and when the vessel was made to revolve most of the bacilli collected in the film adhering to the periphery of the vessel; but the cream itself contained a certain number, and produced tuberculosis by inoculation. Again, the cream, after exposure in a dish for some time, was found to contain bacilli, the acidity having no destructive influence on them. Butter made from such cream was infectious. Heating to a temperature of 60°C. was found to lessen to a great extent the noxious properties; heating to 70°C. in many

cases destroyed infection, but not in all. Dr. Storch, in his chemical examination of milk from tuberculous udders, found that that from the diseased portion of the gland had a strong alkaline reaction; at the commencement of the disease it resembled healthy milk in appearance, but in the later stages it was thin, watery, and yellowish-brown; the milk from the healthy portion, on the other hand, was thick and of creamy consistence. In milk from the diseased part an increase of water and albumen was found, whilst there was a decrease of milk, sugar, and fat. From the healthy portion of the same gland the milk was found to be more concentrated, the albumen and water being diminished, whilst the fat, milk and sugar were increased. The ash obtained from the milk in the sound portion was not abnormal, but in that from the milk in the diseased part a great decrease of calcareous matter was observed and an increase of soda. Dr. Storch endeavours to explain these phenomena by suggesting that probably milk, sugar, and fat are formed in the udder, and albumen and water in the cells of the gland.

WATER AS A DIURETIC.—Dr. Brunton says, in the *Practitioner*, that water is, perhaps the most powerful diuretic we possess, although fewer experiments have been made with it upon animals than with the others. The diuretic action of water drunk by a healthy man is very marked, and it appears impossible to explain its elimination by a mere increase in blood pressure, whether general or local. It has the power of increasing tissue-change, and thus multiplying the products of tissue-waste which result from it, but it removes these waste products as fast as they are formed, and thus, by giving rise to increased appetite, provides fresh nutriment for the tissues, and thus acts as a true tonic. In persons who are accustomed to take to little water, the products of tissue-waste may be formed faster than they are removed, and thus accumulating may give rise to disease. Many gouty persons are accustomed to take little or no water, except in the form of a small cup of tea or coffee daily, besides what they get in the form of wine or beer. A large tumbler of water drunk every morning, and especially with the addition of some nitrate or carbonate of potassium, will prevent a gouty paroxysm. Still more numerous, possibly, in the class of people who arise in the morning feeling weak and languid. Many such people are well fed, they sleep soundly, and it seems almost impossible to believe that the fatigue which they feel in the morning can result from imperfect nutrition, more especially as one finds that after moving about, the languor appears in a great measure to pass off. It seems that this languor must depend upon imperfect removal of the waste products from the body, as we know that the secretion of urine in healthy persons is

generally much less during the night than during the day. Such people should drink a tumbler of water before going to bed in order to aid the secretion of urine and of the waste products during the night.

THE TREATMENT OF DISORDERS OF THE STOMACH.

—1. *Dyspepsia*.—Causes of Functional Indigestion: (1) Eating too rapidly; (2) drinking too much water at meal-time; (3) improper food; (4) want of exercise; (5) too much tea and coffee; (6) too much tobacco. Treatment: Underdone meats and but little bread. No sweets. Pepsin sacch., gr. v., at each meal. The mineral acids before meals, as muriatic, nitro-muriatic, or phosphoric. Certain bitters, as nux vomica and strychnine combined with gentian or calumba. An alkali a few hours after meals when there is a great acidity, but should not be used too frequently. (2) *Dilatation of the Stomach*.—Treatment: Dry, solid food; underdone meats; no milk. Carbolic acid to allay fermentation. Wash out stomach occasionally. Strychnia, hypodermatically or by mouth. 3. *Chronic Gastritis*.—Treatment: Cause to be removed. A scanty supply of food. Pepsin at each meal (gr. v.). Milk, with a little meat, may be taken as food. Oxide of silver, gr. $\frac{1}{2}$, a dose, will be found of value. Bismuth is useful. Avoid tonics, but use the mineral waters to keep portal system drained. (4) *Gastric Pain (Gastralgia)*.—Treatment: Diet of little importance; stimulus at meals in small amounts. Morphia relieves at once, but use it carefully. (1) Bismuth, with a little opium; (2) nitro muriatic acid, gtt. ij.-iij., diluted; or, (3) Morph. sulph., gr. 1-32; acid carbolici. gtt. j.; aq. menth. pip. ad. f 3 j., ter die: (4) Fowler's solution, beginning with gtt. j. and increase to gtt. v., ter die.—*Coll. and Clin. Record*.

BIRTH DURING HYPNOSIS.—Dr. Edward Pritzl records, in the *Wiener Med. Wochenschrift*, a case of this kind. A young woman was under his care in a lying-in hospital who, he had reason to believe would be easily brought into a hypnotic condition; and some preliminary trials showed his surmise to be correct. When, therefore, the case ultimately proved to be one in which narcotics should in the usual course be employed, Dr. Pritzl determined to give hypnosis a trial. In spite of her pain and the nervous excitement produced by the presence of several medical men, who wished to witness the experiment, the woman, after looking but a few seconds at the brilliantly illuminated thermometer bulb that was passed before her eyes, sank back unconscious. The following observations were made: The intervals between the pains lasted nearly two minutes; the pains themselves were more violent than is usual under a narcotic, and lasted on an average fifty seconds, being at their height actively aided by the pressure of the

abdominal muscles, and the intensity of the latter was quite normal. The patient was perfectly insensible, but the left lower arm was cramped and the left leg became stiff. There was no change observable in the right side. She turned her head hither and thither as if she were angry, frowned and groaned. In the intervals she resembled one asleep. In forty-five minutes from the time she became unconscious, a healthy child was born. In forty-five minutes after this, the woman was roused from her sleep, and would not believe she had been delivered, being hardly willing to own the child. The case up to the time of writing, had taken a favourable course. Dr. Pritzl lays stress on the following points as remarkable: 1. It was easy to induce hypnosis in such a case of labour. 2. The pains were violent enough to arouse reflex action of the abdominal muscles, but not to rouse the patient. 3. Evidently the hypnotic state accelerated labour, for it had been expected to last several hours. 4. The after-birth stage, which lasted forty-five minutes, was remarkable for the character of the pains, which, though short, were intense and assisted by abdominal action. The loss of blood was slight. Dr. Pritzl has similarly experimented in two other cases, which, though successful, were neither so rapid nor so perfect.

MERCURIAL INTRA-UTERINE INJECTIONS.—In proof of the advisability of greater caution than some may think necessary in the use of the mercurial antiseptic intra-uterine injections, so largely employed by some obstetricians, I may here cite from the *American Journal of Obstetrics* the history, not long since reported by Dr. Partridge, of New York, of "a case of labour that had occurred at the Nursery and Child's Hospital, in which vaginal injections of bichloride of mercury, 1 to 2,000, were used, and the patient did well for three days. On the third day she had a chill, and the house surgeon gave an intra-uterine injection of the same solution. The next day there was another chill, and the injection was repeated. This was followed by bloody passages from the bowels, and death took place. Intense colitis was found *post mortem*. Dr. Partridge referred to reports of three other cases of supposed mercurial poisoning from the same cause. The patient whose case he had related died within sixty hours from the administration of the first intra uterine douche." At the same meeting of the New York Obstetrical Society at which the last case was referred to, Dr. Partridge also related a case in which, by mistake, a nurse threw a bichloride injection into the bladder instead of into the vagina, and severe cystitis was set up—quite as much, perhaps, from mechanical violence as from any special action of the bichloride.—*Dub. Journal Med. Science*.

MICROCOCOCCUS IN BRONCHO-PNEUMONIA.—Some

researches on the micro-organisms of lobular pneumonia have been made by M. Pipping at the suggestion of Friedlander. In seven cases of fourteen examined, a micrococcus has been detected in variable numbers, having a great resemblance to the pneumococcus. The majority of the organisms were grouped in pairs or in chains. In three cases the oval cocci were surrounded by a very distinct capsule. Many of these capsules contained two or more cocci. These cases were uncomplicated by any acute disease. One was associated with carcinoma of the pylorus; the second with multiple cold abscesses of the hips; and the third with arterio-sclerosis and senile atrophy. The author gives a detailed description of the histology and of the experimental cultivations and inoculations with the pneumonic products of the said three cases. The preliminary inoculations in mice, rabbits, and guinea-pigs have yielded results that are in harmony with those obtained by Friedlander in the case of the coccus of lobar pneumonia. In four other cases of pneumonia of recent date M. Pipping discovered cocci having some resemblance to the pneumococcus, but differing in the absence of a capsule. Attempts at cultivation proved futile in two cases, and in the other two led to the development of several species of bacteria, but of none with a capsule. Seven cases yielded negative results. The author concludes that the encapsulated coccus regarded as special to lobar pneumonia is equally the pathogenic agent of some varieties of broucho-pneumonia.—*Lancet*.

SALICYLIC ACID TREATMENT OF DIABETES.—Dr. J. S. Holden reports in the *British Medical Journal*, May 1, six cases of successful treatment of glycosuria with salicylic acid, as confirming the views of Prof. Latham as to the pathological connection between diabetes mellitus and rheumatism.

The latter holds that there are two distinct kinds of diabetes: First, that which arises from a neurotic disturbance of the function of the liver; second, that which arises from a neurotic disturbance of the function of the muscle. The latter he has found to be so intimately associated with rheumatism that the degree of oxidation determines whether an excess of lactic acid or of glucose shall be formed in the muscles. He has also found that salicylic acid has the power of arresting the formation of both these products.

Dr. Holden has found the salicylic acid treatment to be of no avail in the treatment of non-rheumatic diabetics.

The first and most marked effect of the salicylic treatment in glycosuria of rheumatic persons, is the almost complete removal of the distressing polyuria.

The careful restriction of diet is less essential in this than in the other form of diabetes, though it is an aid in these cases too.

Dr. Holden has found the following formula a serviceable one for the administration of salicylic acid:

R. Acidi salicylici, ʒij.
Sodæ bicarbonatis, ʒj.
Ammonia carb., ʒj.

Mix in one ounce of water, and when effervescence has ceased add water to twelve ounces.

An eighth or twelfth part to be taken three times a day. This, he says, is not unpalatable when given in a wineglassful of water with a little tincture of orange added. The ammonia prevents any depressing effects.

As a means of distinguishing between the two forms of glycosuria, aside from the presence or absence of rheumatic arthritis, etc., which is generally sufficient, Dr. Latham has observed that in the diabetes of rheumatics there is present in the urine some substance which dissolves cuprous oxide, so that a larger quantity of Fehling's test has to be added before getting the brown precipitate in this urine than in the diabetic urine of hepatic origin.

BICHLORIDE OF MERCURY FOR CONSUMPTION.—We have for some time been using corrosive sublimate with such marked advantage in the treatment of tuberculosis of the lungs in a manner so much like that spoken of in the subjoined extract from July number, 1886, of *Progress*, that we had intended before this to make note of the fact. *Progress* does not tell us to whom to credit the following striking illustration of its value in tuberculosis: "S. T. M., aged 38 years, came October 23, 1885, in a very feeble and emaciated condition, suffering from severe dyspnoea, hoarseness, frequent chills followed by high fever, and colliquative sweats. Examination showed extensive infiltration of the epiglottis and the walls of the larynx. The vocal cords were concealed behind the swollen tissues above. The cough and expectoration seldom ceased more than five minutes at a time during the entire day. The sputum was so rich in tubercle bacilli, that mounted preparations of it were used as samples for illustration in teaching. This man got a spray of the bichloride of mercury, prepared as follows:

R. Hydr. bi-chloridi gr. ij
Aquæ destillatæ O. j
Sodii chloridi ʒj

M. Ft. solution.

He was ordered pills of the bichloride gr. $\frac{1}{8}$ each, one before each meal and at night, and a pill composed of assafetida gr. iij, and ext. nux vomica gr. $\frac{1}{4}$, to be taken at the same time. In six weeks he was walking the fields five or six miles daily, hunting game. He was married last January, and is now out West."—*Virginia Med. Monthly*.

HYDRASTIS CANADENSIS IN THE TREATMENT OF UTERINE HEMORRHAGE.—M. A. Mendes de Leon, of Amsterdam (*Arch. f. Gynaek*) reports his experience in the treatment of about forty women with *hydrastis canadensis*. The remedy seems to have afforded the best results in cases of menorrhagia accompanied with severe dysmenorrhœa as a consequence of a determination of blood to the generative organs; in catarrhal inflammation of the body and neck of the uterus; in chronic pelvic cellulitis with severe abdominal pains at the periods; in prolonged and painful menstruation connected with displacements, especially retroflexion and retroversion; and in hemorrhage at the menopause. Instances are given of each of these five sorts of cases. In almost all of them the drug diminished the bleeding, and generally it overcame unnatural frequency of menstruation. The author observed no untoward effects beyond slight digestive derangements, except in two cases; on the other hand the appetite was improved. In the two exceptional cases, nervous symptoms made their appearance, the pulse became very weak and frequent, the patients were depressed and had hallucinations, and one of them suffered with transitory delirium and loss of consciousness. The drug was usually given for fourteen days before a menstrual period, in doses of from fifteen to twenty drops (preparation not specified) four times a day; in a few cases it was given during the whole intermenstrual period. Like Schatz, the author attributes the efficacy of *hydrastis* not so much to any action of the muscular tissue of the uterus as to its exciting vascular contraction and consequent diminution of pelvic congestion.

NOTES ON THE TREATMENT OF SUN-STROKE ACCORDING TO PROFESSOR DA COSTA.—For *heat exhaustion*, removal to a cool place, stimulation and forced feeding. For *sunstroke proper*, or *thermic fever*, reduce the temperature by stripping patient and dousing with cold water, or rub down with ice. A new method, introduced into practice simultaneously by some New York doctors and by Dr. Orville Horwitz of this city, is the use of antipyrine, either hypodermically, per rectum, or by the mouth. This plan has given excellent results. Turpentine by the bowels, at times, is useful. When the face is flushed, pulse full, put a drop or two of croton oil on the tongue. The use of the lancet is not advised, but exceptionally, when the case simulates apoplexy, it may be called for. Dry cups to the back of the neck in these cases do good. See that the kidneys keep acting; keep the system full of liquids; give water by the rectum. For convulsive phenomena, *asa-fetida* by the bowel, inhalations of chloroform with care, and chloral hypodermically, all do good; but the most certain is morphia, thrown under the skin.

When the acute symptoms are over, a long treatment is necessary. If the patient has means he should remove to a cool climate, at least during the summer, and do no work of any nature for a year. Care must be taken about the function of the bladder, as irritability of that organ remains, also severe headache. Both of these troubles are best relieved by potassium bromide and *cannabis indica*.—*Col. & Clin. Record*.

INFANTILE DIARRHŒA.—In Dujardin-Beaumetz's *Diseases of the Stomach and Intestines*, an English translation of which, by Dr. E. P. Hurd, has just been issued, the following suggestions of Parrot as to the treatment of infantile diarrhœa, enterocolitis, and cholera infantum, are highly commended:

R Subnitrate of bismuth . . . 2 parts.
Syrup of blackberry . . . 100 parts.—M.

Dose: A teaspoonful every third hour before nursing or taking food.

If the stools are of a green color, and have the cut spinach appearance characteristic of enterocolitis, the following formula is preferred to the above, viz:

R Subnitrate of Bismuth . . . 3 parts.
Lime water
Syrup of blackberry . . . aa 50 parts.—M.

Sig. Dose, a teaspoonful every third hour before nursing or taking food.

In acute athrepsia and threatened collapse, Parrot administers, alternately, every ten minutes, a teaspoonful of the following mixtures, both of which are to be iced before administered:

1. Old brandy 1 part.
Water 20 parts.
- 2 A nutrient broth made of lean beef.

Twice or thrice a day the infant should be immersed for five minutes at a time in a warm bath, at about the blood heat. In this water a little bag of mustard flour may be allowed to soak. Two ounces of mustard are sufficient for six gallons of water.—*Medical Age*.

PAINLESS EXTRACTION OF TEETH WITH THE AID OF COCAINE.—Bignon records several cases in which teeth were extracted without pain by the subgingival injection of a twenty per cent. solution of cocaine benzoate. The method as at present practised, seems somewhat complicated, but is probably capable of simplification. A preliminary injection of two or three drops of the solution named is made in the internal portion of the gum of the carious tooth. After waiting forty seconds to one minute, a second injection of the same amount is made at the same point, but somewhat deeper. After a second delay of one minute the tooth is removed. The second injection is not felt.

It is interesting to note that no unpleasant results have been observed from this method, although the equivalent of three-quarters of a grain of the alkaloid was used.—*Les Nouveaux Remedes.*

TREATMENT OF THE BITES OF RABID DOGS.—The chief surgeon to the Metropolitan police, Mr. Mac-kellar, has issued a circular to the divisional surgeons advising that in cases of bites of dogs reported to be rabid the following treatment should be adopted:—"When possible a ligature to be applied above the part bitten; prompt and thorough suction of the wound, freely washing with water, and the application of absolute phenol (pure carbolic acid). The individual sucking the wound (usually the patient himself) to spit out all the matter so sucked, and to freely wash out the mouth with water. Should the wound be a punctured wound, make a crucial incision, promote and encourage bleeding, and treat as above." The circular adds that the use of nitrate of silver is to be condemned as insufficient, and that the phenol is painful only for a few minutes.

LANOLIN.—1. Lanolin is more readily absorbed by the skin than any other fatty substance.

2. As a basis for ointments it is useful when an effect upon the deeper skin or upon the whole system is desired.

3. On account of its firm-consistency, it is advisable to mix with it a certain amount of lard, especially in cold weather.

4. When applied to a highly inflamed skin, lanolin may not prove as bland as *fresh* lard or *pure* vaseline.

5. Considering its recent introduction, its questionable superiority, and its present cost, it cannot be recommended as yet as the best basis for all ointments.—*Jour. Cut. and Ven. Dis.,*

SPARTEINE AT HOME.—Dr. Thomas H. Buckler writes as follows to the *Boston Medical and Surgical Journal*:

"The expensive sparteine lately recommended by Germain Sée for cardiac weakness, is prepared from Scotch broom—*spartium scoparium*—the *Planta Genista* or emblem of the Plantagenets, which grows in many parts of the thirteen original States on sterile soil. It was brought over here by the Scotch and English to prevent the washing of gravelly roads and gutters. It should be cut and gathered at this season, and dried like hay. Its active principle is extremely soluble in water, and two ounces of ground or contused stems to a quart of boiling water, a wineglassful for a dose, every eight hours, are equivalent to a grain and a half of the prepared gum used by Dr. Sée. This remedy is useful not only in failure of the cardiac ganglia, but as a tonic to the organic and

vasometer nerves in whatever part of the body congestions occur from loss of power in them. I have used this agent in the form of infusion for half a century, and with marked advantages in many cases."

ACONITE IN THE FEVERS OF CHILDHOOD.—Dr. W. Barrett Roué (*Provincial Medical Journal*) complains that English physicians make too little use of aconite in the febrile affections of childhood, and urges its more general employment. He gives it in small and frequently repeated doses (one-fourth to one-half-minim of the tincture every three or four hours for children three or four years old), combining it with tincture of belladonna (one to two minims) to prevent depression. As soon as the child perspires freely, the medicine has done its work and should be stopped, to be again employed if there be a further rise of temperature. In cases of more than usual prostration he combines the aconite with carbonate of ammonia, and accompanies the mixture with brandy. The aconite, he says, will act equally well in such a combination, and there is nothing unscientific in so prescribing it.

WHEN NOT TO GIVE CHLOROFORM IN PARTURI-TION.—1. Never give it to a woman who has a tendency to flood during every confinement, or to those who have great relaxation of fibre, or to weak, anæmic women in their eighth or tenth confinement, except for necessity.

2. Do not give it where labor is complicated with severe vomiting, or with acute heart or lung troubles, unless there be an imperative demand for it.

3. It should not be given to complete anæsthesia except for operations, convulsions, or spasms of the cervix, and then one person should devote his entire attention to it.

4. The inhalation should be stopped directly the pulse becomes weak or the respiration irregular.

5. Do not give it if there be grounds to fear a fatty or enfeebled cardiac wall.

In all cases where it has been given, there should be extra care to prevent post-partum hemorrhage.—*Weekly Med. Review.*

STRANGURY is relieved by chloral hydrate more quickly and certainly than by any other remedy whatsoever. The dose must be a full one, however, in order that the effects be rapid and complete. For adults it should not be less than twenty-five to thirty grains, repeated if necessary. Of course it should not be given unless it is certain that the suppression is not due to some impassable mechanical obstruction.—*St. Louis. Med and Surg. Jour.*

SODIUM salicylate should be protected from light and moisture, it will become inactive in a few weeks.

THE CANADA LANCET.

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ANTISEPTICS IN MIDWIFERY.

Within the memory of many physicians, antiseptics have advanced from an insignificant to an important position in materia medica. The germ theory of disease naturally evolved the germicide. The universal *microbe*, having been charged with rendering many physiological conditions pathological, by its presence, it followed that, what would destroy bacteria must necessarily be indicated. Hence the prominence of the so-called antiseptics. The germ theory is only on trial at present, and may be superseded by some more probable cause of disease in the future, as science advances; like many of the doctrines of the learned of former days, e. g. the humorists, the chemists, the vitalists, etc. Should it be found that microbes are but results, and not causes of pathological action, then antiseptics must necessarily become less important. But up to the present, the great preponderance of evidence is strongly in favor of this theory becoming firmly established, and of antiseptics not only retaining their present importance, but of ultimately attaining a chief position, and becoming our most trenchant weapon in combating disease. It is important, therefore, that we avail ourselves of their potency, in destroying or rendering innocuous, what we have strong evidence for believing to be the *materies morbi*. That we are in some danger of ascribing virtues to antiseptics which they do not possess, is probable, yet, as the science of medicine is only established by experiment, it is our duty to give them a fair trial and

hope for the survival of the fittest. But it is important also, for their ultimate success, that we do not ask them to exceed their legitimate powers, and thus bring them into disrepute by excessive devotion, as has been done in the case of many other valuable remedial agents, such as mercury, phlebotomy, etc.

It is but recently that antiseptics have been generally used in midwifery, and we fear that even now, their utility is not very generally recognized and acknowledged. With the older physicians who have had success in this branch of their profession, prior to the reign of antiseptics, the use of antiseptics is thought to be a work of supererogation, if not positively injurious. It must be admitted, that frequent injection of antiseptic liquids into the vagina and possibly uterus, even by experienced hands, is not free from dangerous results. Many instances of metritis, peritonitis, etc., have been recorded, which were caused by this means. Dr. H. Fry, of Washington, reports many minor accidents, and one case of acute general peritonitis from this cause. Dr. Chamberlain has twice observed peritonitis to quickly follow injections of warm water. Dr. F. P. Foster believes injections dangerous. Dr. Munde, and many others hold that vaginal injections may produce pain, inflammation, and other dangerous symptoms. Doubtless, as this practice becomes more prevalent, many more similar results will be recorded. In hospitals and maternities, where noxious microbes are supposed to prevail, this mode may be necessary; but in private practice, with healthy surroundings, the general use of post-partum antiseptic injections does not seem to be so clearly indicated, especially when their administration must be entrusted to inexperienced and often careless hands. When the lochia, from any cause, have degenerated and taken on a putrescent odor, this lesser risk must be overlooked, and injections frequently administered, in order that the greater danger may be obviated. But with good hygienic environment, and no indication of septic degeneration, many good authorities recommend that post partum antiseptic treatment should be limited to external application.

It has been pretty well established, that by this means, the usual post partum rise in temperature, after the first day, can be greatly diminished, if not entirely prevented. What we have been ac-

customed to call milk fever, is now held by many to be caused by the absorption of waste material, from the involution of the uterus; and "that the difference of the so-called milk fever, and serious septic fever, is only one of degree, and not of kind." Barnes says, that if milk fever persists beyond twenty-four hours, it becomes puerperal fever. The excretory organs, so active at this period, are fully capable of removing the absorbed matters, so long as they remain natural; but when infected with noxious bacteria, from external sources, these organs are incompetent to remove the more septic debris with sufficient rapidity, and puerperal fever is the result.

It has been found, even in hospitals, when antiseptic delivery and subsequent treatment has been thoroughly adopted and enforced, that the so-called milk fever no longer obtains, and the reasonable hope is entertained that deaths from puerperal fever will be greatly diminished, if not altogether abolished. This would reduce the mortality of child-bed, says Dr. John Williams, to one-fourth per cent. All agree in the safety and utility of proper disinfection of the hands and instruments of the accoucheur, and of thorough antiseptic cleanliness, externally, on all occasions.

A solution of mercuric bichloride, 1 to 1000, is recommended as the best antiseptic for the accoucheur, and external application, and 1 to 4000 for injections, when necessary. The latter should be used as hot as can be borne. The syringe used should not have a terminal opening. Firm pressure must be applied to the uterus during the injection, to squeeze out blood-clots and other matter, and prevent the liquid from entering the uterine cavity. With these and other precautions which suggest themselves to the accoucheur, let us hope that the use of antiseptics in the lying-in room and ward may become more general, and that further trial may establish the sanguine views entertained by the many, who so ardently advocate their utility. But let none forget, that neither science nor art can successfully substitute anything in lieu of nature's antiseptics, viz., pure air, water, and sunshine.

THE RECENT BRITISH MEDICAL ACT.

The question as to the right of our Medical Council in Ontario to insist on all practitioners fulfilling the conditions of its curriculum has at

length been set at rest. Our readers are all aware that for years past the profession in Ontario has been working for the consummation of this event. It has been held that in this, as in other matters of education, we should be outside Imperial control; and now, by the Queen's assent to the British Medical Act of 1886, given just at the close of the last Parliament, our right to perfect independence has been recognized. Our Council is acting wisely we think, in not enforcing the conditions until after June 1st, 1887. This will give some gentlemen who have begun their studies on the old lines, an opportunity to obtain their British qualification and register before that date. But it will still press hardly upon students who are in their last year, and who, even though they graduate next spring here, can hardly hope to obtain a British licence before June 1st. This, according to the present curriculum of our Council, will necessitate their taking up again *all the primary and final work*.

Would not this be a hardship? We think so, and have no doubt that some arrangement will, in the wisdom of our Council, be arrived at, by which gentlemen will not labor under any disability, simply because they commenced their studies one or two years earlier or later.

Some members of the profession, and some especially who are members of the Council, seem to hold the idea that graduates who proceeded to England or Scotland and took a licence which entitled them to register here, were evading our regulations, or, as it has been put, *evading our laws*. Now a law must be made before it can be broken, and therefore persons who did not take the Council examination, had a perfect right to qualify as they chose, notwithstanding the fact that they did not pay for the Council examinations. In another column is a letter, in which some very practical hints are thrown out, especially that one which suggests that only the more important subjects of the medical course be required at the final Council examinations. The matter has yet to be decided upon by the Council, and we make this brief notice in the hope that it may call forth an expression of opinion from the rank and file, as well as from those who are our leaders.

DR. W. G. WALFORD says (*Brit. Med. Jour.*) that arsenic is prophylactic of scarlatina.

TREATMENT OF CHOREA.

Many drugs have been lauded by various authors for the treatment of this common malady. While the pathology of the affection remains so obscure, it is not to be wondered at, that empiricism reigns in the treatment. Most observers agree that arsenic is more to be depended upon than any other drug. But competent men also say, that sometimes drugs are not so much indicated, as rest and food. Thus, Goodhart makes it his first principle in all cases; and he believes that the marked improvement often noticed when choreic children are admitted to a hospital, depends more upon the rest and quiet there obtained, than upon any new, or more effective medication. Of course the regularity of treatment in a hospital aids in the improvement, but first of all are the rest and quiet. Many mild cases do quite well without drugs, and could the practitioner in private cases quiet the apprehensions of the relatives, doubtless many more cases of cure without the use of medicines would be noted. Arsenic is the most certain medicine known at present for the alleviation of the symptoms. But it must be administered in regular, and constantly increasing doses, or its full benefit will not be apparent. Beginning with three minim doses of Fowler's solution, three times a day, it should be increased one drop at each dose, daily, until the point of tolerance is reached. It would be quite safe to commence with such a dose for a child six years old, and it may be continuously increased up to twelve or fifteen minims each dose, choreic children showing great tolerance of arsenic. Other preparations of arsenic have been recommended, but the majority of writers on the subject agree that the liq. arsenicalis is the most convenient, as well as the most effective preparation in use. Thus Sinkler, having tried the bromide of arsenic, reports that it was not in his hands so efficacious as the Fowler's solution.

Should toxic symptoms supervene, the drug should be stopped for a day or two, and then administered again. Some diversity of opinion exists, as to whether it should be recommenced in the largest dose which had been tolerated, or whether the patient should go back to the original small dose, and work up as before. Seguin adopts the former plan. Not unfrequently the patient seems worse for a few days after the arsenic is

administered, but in a short time improvement is noted.

Success has followed the subcutaneous use of Fowler's solution in chronic cases which refused to yield to any other mode of administration of this, or any other agent. The solution for hypodermic use is better prepared without the Spt. Lavand. Co., as it is less liable to be followed by those troublesome abscesses, so common after the use of the hypodermic syringe, especially if the needle be not introduced deeply into the muscle.

In cases which succeed rheumatism, actæa racemosa often does well, though even here, notwithstanding the alleged wonderful influence of actæa over rheumatism, the nerve tonic treatment by arsenic is more reliable. Ringer says he has found no benefit from its use in uncomplicated cases. Among other agents which might be mentioned as beneficial, and as even sometimes proving successful when the arsenic fails, are zinc sulphate, oxide and nitrate of silver, and the various preparations of iron; also conium, hyoscyamus, and valerian.

Now, there are certain cases in which such treatment would be almost useless, viz.: those in which the motions are so violent as to prevent sleep, or even deglutition. Here we must at first restrict ourselves to the *sedative* plan of treatment, leaving the above *tonic* plan to take its place later on. When a child, through constant loss of sleep, becomes so choreic as to be unable to take nourishment, danger is imminent, and some agent must be exhibited which will give rest and sleep. Such we have in chloroform and chloral. Inhalations of the former often work like a charm, the child sometimes sleeping hours after the effects of the chloroform have passed off, and waking in a calmed and greatly improved condition. The same may be said of the effect of large doses of chloral. The administration may have to be continued for days, gradually decreasing the number of inhalations of chloroform or doses of chloral, and taking especial care that proper food be given during the short intervals between sleep. As soon as the serious symptoms are relieved by this sedative line of treatment, the tonic plan must be introduced. When anæmia co-exists, iron should be combined with the liq. arsenicalis, the ammonio-citrate being a good preparation. Long standing cases require also general tonics, such as cod-liver oil, exercise in the open air, regular gymnastics, and any and

every agent which will assist in bringing the nervous tone up to the normal. Small doses of arsenic and iron should be continued for a long time after the child is apparently well, to ward off a second attack. It must be added, that a few cases resist all treatment. These are chiefly hereditary choreics, and those suffering from localized chorea.

THE DOMINION MEDICAL ASSOCIATION.

The annual meeting of the Dominion Medical Association was held in Quebec, August 18th and 19th. The attendance was not large, the Eastern men not turning out as it was hoped they would do. The meeting was held so far east, partly for the purpose of encouraging the members of the profession in the Maritime Provinces to come to the fore; but the experiment was not a success. The representation from the west was good, as it was also from the cities of Montreal and Winnipeg. The address of the president was a good one, and contained many valuable suggestions, among which may be noted the proposal to memorialize the Dominion Government, for the purpose of obtaining a grant to establish a laboratory for original research. This idea is a capital one, and deserves to be carried out. His proposal to have courses of lectures established, corresponding to the lectures given by eminent men, for the Royal College of Physicians and Surgeons in England, is one which will meet the approval of all.

The question of matriculation was touched upon, and various opinions were elicited. Dr. Sullivan made a very pertinent remark, when he asked what there is to offer to a man for all the years of labor and expense that will be necessary, if the standard is raised. The papers were good and were well received. Dr. McEachren's report on pleuro-pneumonia in cattle was full of interest. He discussed the nature of the disease in a very scientific manner, and suggested "lung fever" as a name more appropriate than pleuro-pneumonia.

The election of officers was made without any soliciting or canvassing, a matter of congratulation to the gentlemen who are to fill the offices for the next year, as well as to the profession at large. Dr. Graham, the new president, will be heartily welcomed by all who know him; no better choice could have been made. His well-known scientific attainments, great zeal for the advancement of

scientific medicine, and genial manner, make him well qualified to fill the position satisfactorily. We heartily congratulate him upon the honor bestowed upon him, and the Association on the choice made.

While the profession in Quebec kept aloof, as a body, there were fortunately some exceptions. Drs. Russell and Vallée have the thanks of the visiting brethren, for the pains they took to render their visit pleasant as well as profitable. They will be remembered by the Western men as having shown the greatest kindness and hospitality. The next meeting will be held at Hamilton.

STAFFORDSHIRE KNOT. — The *Albany Medical Annals* gives among its *abstracts*, the following as Lawson-Tait's method of constricting the pedicle: He employs an awl-like needle, with an eye near the point, and threaded with the ligature, to transfix the pedicle at its middle. As soon as the eye appears on the distal side, the ligature is seized and pulled upon while the needle is withdrawn, and entirely cleared. Now there is a loop on one side of the transfixed pedicle and two free ends on the other. The next step is to pull upon the loop until it is long enough to pass over the tumor or collapsed ovarian cyst; then one of the free ends is passed through the loop, and the two ends pulled upon till the loop is shortened and made to encircle the halves of the pedicle at the line of transfixion.

TREATMENT OF HYDROCELE. — Dr. Keyes recommends, in the *New York Medical Record*, the injection of pure carbolic acid "deliquesced in a little glycerine" as a simple, effectual, and almost painless method of treating hydrocele even of large size. The instrument he uses is a glass syringe holding about a hundred minims, to which a hypodermic needle of medium size is fitted as a nozzle. The hydrocele-fluid is first drawn off either through this needle or by a separate puncture; thirty to sixty minims of the carbolic acid and glycerine are then injected. Dr. Keyes recommends that the patient should be kept quiet, but not necessarily confined to bed, for forty-eight hours.

PERMANGANATE OF POTASSIUM IN SNAKE BITES. — Dr. J. Berger reports (*St. Louis Med. Jour.*) that his son, æt. 14, recovered without any un-

pleasant symptoms, from a bite given by a copper-head, both fangs having entered the flesh of the thigh. The remedy used was permanganate of potassium, 10 minims of the solution being injected as soon as possible under the wound. Fifteen minutes after, the injection was repeated, and the pain and swelling very soon disappeared. The writer says the remedy must be used within a few moments after the wound is given, or it is not so effectual.

TOPICAL USE OF VIBURNUM PRUNIFOLIUM IN THREATENED ABORTION.—Dr. Todd (*Kansas City Med. Rec.*) says he has had marked success from the topical use of this remedy. He applied it on a cotton pledget, saturated with a solution of 1 oz. of the fluid extract to 2 oz. of glycerine, pushing it well back against the cervix. This plug is to be worn only at night. He mentions cases in which he succeeded in carrying the patients to full term, which he considers would have been hopeless without the topical action of the drug.

SULPHATE OF IRON IN DIARRHŒA.—Charles Rothwell, writing to the *Brit. Med. Jour.*, calls attention to the great value of sulphate of iron in diarrhœa both of adults and children. He says the salt is generally used in the disinfection of excreta, in sewers, etc. Why not, then, a more general use of this agent in the "aboriginal sewer in corpore villi," which nature flushes at such waste of blood-serum? He has found it highly beneficial in choleraic diarrhœa, and thinks it is not widely enough used.

ANODYNE FOR VESICAL IRRITATION.—Dr. Copeland recommends the following as an injection for the chronic inflammation of the neck of the bladder, in old men with enlarged prostates: Ten grains of the benzoate of soda to one ounce of water, to which is added 20 or 30 drops of the green tincture of gelsemium. This is warmed, and injected into the bladder when the pain is severe. It should be retained for 20 or 30 minutes, and then either evacuated or drawn off.

OXALIC ACID AS AN EMMENAGOGUE.—M. V. Poulet (*Gaz. hebdom. de méd. et de chir.*) reports a number of cases in which oxalic acid has been used for amenorrhœa from various causes. He regards its effects as marvellous, including an

amelioration of the pain in cases of dysmenorrhœa. He gives it according to the formula:

Oxalic acid, 2 parts.
Warm water, 200 parts.
Syrup of bitter orange-peel, 60 parts.

A teaspoonful is to be taken every hour.

THE BLOOD IN CONSUMPTION.—Dr. Cutter, of New York, has lately read a paper before the Medico-Legal Society of his city, advocating the microscopical examination of the blood for diagnosis of consumption, with reference to life insurance. While some few may recognize abnormalities in the blood of consumptives, it would be too much to expect the rank and file of medical examiners to decide whether an applicant has or has not the disease from a microscopical examination of the blood.

CHLORAL AS A VESICANT.—Hydrate of chloral has, according to the *London Medical Record*, been successfully employed instead of cantharides for blisters. For this purpose powdered chloral is sprinkled on previously slightly warmed adhesive plaster. Vesicles are raised by it in about ten minutes. The advantages of this blister over other kinds, are rapid and perfectly painless action, and absence of any of the troublesome effects sometimes caused by cantharides.

DR. DE MUSSY (*Les Nov. Rem.*) recommends the following as an ointment to be applied along the course of the swollen vein in phlegmasia alba dolens:

R—Ext. Opii,
Ext. Belladonnæ,
Ext. Hyoscyami,
Ext. Conii sem., āā grs. xlv.
Adipis pur., ʒj.—M.

Cover the leg with poultices.

QUININE INSUFFLATION IN WHOOPING-COUGH.—Bachem (*Centralblatt für Klin. Med.*) says he has had excellent results from the insufflation, three times a day, of three grains of a powder composed of finely pulverized quinine mixed with one-third its weight of gum arabic. The process must bring the medicament within reach of all portions of the mucous membrane of the nasal passages. A cure was effected usually within three weeks.

SLEEPING WITH THE HEAD LOW.—The practice of raising the head by pillows during sleep is almost universal, but according to Dr. Meuli-Hilty (*Med. Record*), the reverse position should be assumed when we go to rest. The Dr. made experiments in his own person, and found that when he slept with his head lower than his feet, he always awoke more refreshed and capable of performing better work than after a night's rest in the usual position. He has continued the practice for four years, and considers it is the correct attitude for sleeping. His idea is that the brain receives more blood and is consequently better nourished, hence more capable of hard work. Congestion of the brain is prevented by the thyroid gland, which he found increased in size so as to make the circumference of the neck nearly two inches greater. He also claims it is a prophylactic against pulmonary phthisis, since the apices of the lungs receive a fuller supply of blood, under gravitation, and are therefore more able to resist disease.

IODOFORM IN PHTHISIS.—It is said (*Med. Rec.*) that iodoform is becoming the regular treatment in phthisis and other lung affections. Some Italian medical men have been making extensive trial of the agent, and have found it very beneficial. Prof. Chiaramelli has found after observations extending over four years, that it lessens the fever, and by its antiseptic action upon expectorated matters, so alters them as to inhibit putrefaction. The same gentleman thinks it would be very effectual in the treatment of caseous pneumonia. The drug was on trial in phthisis in Edinburgh for some time, but with what result we do not know. M. Verneuil administers two grains twice a day, suspended in ether, and contained in capsules.

PRURITUS VULVÆ.—In chronic cases, Dr. De Mussy orders as a lotion :—Infusion of marsh mallows, 1 litre; cherry-laurel water, 50 grams; subborate of soda, 10 grams. Also an ointment, to be used night and morning, as follows :—Glycerole of starch, 20 grams; bromide of potassium and subnitrate of bismuth, aa 1 gram; calomel, 40 centigrams; extract of belladonna, 20 centigrams.

THE MICROBE OF RABIES.—Dr. Dowdeswell

(*Lancet*) says he has discovered a micrococcus in the spinal cord of rabid dogs, and regards it as specific. It is found in greatest numbers around the central canal of the spinal cord and medulla, but was found in some cases in the blood-vessels. It is difficult to demonstrate, not taking the ordinary stains. He exhibited preparations at the Royal Microscopical Society in June.

ERGOTINE IN BRONCHOCELE.—Dr. James Fox reports a case (*New Eng. Med. Month.*) of bronchocele in a woman aged 43, which had continuously increased since puberty, as cured by hypodermic injections of ergotine. The patient lost 17 pounds in weight in 9 weeks, but at that time the enlargement was all gone, though it had been so large as to cause considerable dyspnœa, as also dysphagia.

LACTIC ACID IN TUBERCULAR LARYNGITIS.—Dr. Theodore Hering has employed the above agent in his hospital. He applied it to the larynx by means of an instrument, commencing with a ten per cent. solution, and increased the strength up to eighty per cent., and in some cases he even used the pure acid. Out of twenty cases only four were not benefited, while four were completely cured, and others variously improved. When the application caused much pain, cocaine was used to allay it.

SANTONATE OF CALCIUM is preferred to santonin by E. Bombelon (*Arch. d. Pharm.*) as a vermifuge. It is a tasteless powder, almost insoluble in water, and to these properties the author attributes the fact that it is more efficient than santonin and less apt to be expelled by vomiting. It should be neutral.

PERMANGANATE OF POTASSIUM IN AMENORRHOEA.—J. Fletcher Thorne, F.R.C.S. Ed., writes to the *Therapeutic Gazette*, that he has never seen the least benefit from the use of the above drug in amenorrhœa, though he has used it in scores of cases. No doubt many others have had a similar experience, but have not given their failures to the public.

BRITISH DIPLOMAS.—F. G. Finley, M.D., McGill, and N. S. Fraser, M.B. Edin., have lately been admitted to the membership of the Royal College of Surgeons, England.

Books and Pamphlets.

THE INTERNATIONAL ENCYCLOPEDIA OF SURGERY.

A Systematic Treatise on the Theory and Practice of Surgery. By authors of various nations. Edited by John Ashhurst, Jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromo-lithographs and wood-cuts. In six volumes. Volume VI. New York: Wm. Wood & Co. 1886. 1272 pp.

This is the concluding volume of a gigantic work, which has been six years in completion. The work is excellently done, and must be a source of pride to its Editor, as well as to his fellow countrymen at large. The printers and proof-readers have also done their work well. The whole consists of fifteen articles, as follows: Injuries and Diseases of the Oesophagus, by J. Solis-Cohen, M. D.; Intestinal Obstruction, by John Ashhurst, Jr., M. D.; Injuries and Diseases of the Rectum, by William Allingham, F. R. C. S.; Urinary Calculus, by E. L. Keyes, A. M., M. D.; Lithotripsy, by William H. Kingston, M. D., D. C. L., L. R. C. S. E., etc.; Injuries and Diseases of the Bladder and Prostate, by Reginald Harrison, F. R. C. S.; Injuries and Diseases of the Urethra, by Simon Duplay, M. D.; Injuries and Diseases of the Male Genital Organs, by H. Royes Ball, F. R. C. S.; Injuries and Diseases of the Female Genitals, by Theophilus Parvin, M. D.; The Cesarean Section and its Substitutes; Laparotomy for Ruptured Uterus and for Extra-Uterine Fœtation, by Robert P. Harris, A. M., M. D.; Ovarian and Uterine Tumors, by Charles Carroll Lee, M. D.; Inflammatory Affections of the Bones, by L. Ollier, M. D.; Scrofulo-Tuberculous and other Structural Diseases of Bones, by Eugene Vincent, M. D.; Tumors of the Bones by A. Poucet; the Treatment of Deformities, by Frederick R. Fisher, F. R. C. S. Some valuable papers by well-known men are appended, viz: The Construction and Organization of Hospitals, by Edward Cowles, M. D.; Preparation of Military Surgeons for Field Duties; Apparatus required; Ambulances; Duties in the Field, by B. A. Clements, M. D.; and a History of Surgery, by George Jackson Fisher, A. M., M. D.

DICTIONARY OF PRACTICAL SURGERY. By various British Hospital Surgeons. Edited by Christo-

pher Heath, F. R. C. S., Holme, Prof. of Clin. Surg. Univ. Coll. Lond., etc. Philadelphia: J. B. Lippincott & Co. 1886. Price \$7.50.

This work, of 1850 pages, is in surgery what Quain's dictionary is in medicine. Surgical names only, have been used for the various affections, and while the articles are written by the best known surgeons of the day, a uniform order has been followed, viz.: cause, pathology, symptoms and diagnosis, treatment and prognosis. Mr. Heath is so well and favorably known, and his reputation as a surgeon stands so high, that we should expect this work to be *facile princeps*, and a perusal of its pages will not disappoint even the most ardent admirers of the editor. The work has all been written within the last two years, so that its readers may feel assured of finding in it a "compendium of the practice of British surgery of the present day." We heartily recommend the work to practitioners, both for study and reference.

THE PRINCIPLES AND PRACTICE OF MEDICINE. By the late Charles Hilton Fagge, M.D., F.R.C.P., including a Section on Cutaneous Diseases, by P. H. Pye-Smith, M.D., F.R.C.S.; Chapters on Cardiac Diseases, by Samuel Wilkes, M.D., F.R.S., and Complete Index, by Robert Edmunds Carrington, M.D. Vol. II, 8vo. pp. 883. Philadelphia: P. Blakiston, Son & Co. 1886. Toronto: Williamson & Co.

This volume will be welcomed by the profession. It is, in the opinion of most capable judges, the best work on medicine yet published in English. Comment on the value of the contents is therefore unnecessary. The work begins with diseases of the heart and blood-vessels and this is followed by diseases of the alimentary tract, including affections of the nose, mouth and salivary glands. Diseases of the liver, of the spleen and of the lymph glands are next taken up. About one hundred and seventy pages are devoted to affections of the urinary organs, including Addison's disease. The general diseases affecting the joints are considered; this class is made to include gout, acute rheumatism, arthritis deformans and gonorrhœal synovitis. Rickets and mollities ossium constitute the diseases of the bones which are described. The diseases of the blood represented by scurvy, anæmia, hæmophilia and purpura are disposed of in about thirty pages.

Dr. Pye-Smith has occupied about one hundred and fifty pages with diseases of the skin. The work closes with a short memoir of the author.

DISEASES OF THE SPINAL CORD. By Byron Bramwell, M.D., F.R.C.P. Ed. Forty-three colored plates and one hundred and two wood engravings. Second edition. New York: Wm. Wood & Co. 1886. Cloth, pp. 293.

This is an excellent work on a subject which is all too little known by the general practitioner. It is looked upon by competent judges as being one of the best works extant on the subject. The explanations are remarkable for their clearness and lucidity. An important feature is the discussion of concussion of the spine, and the method of examining "railway cases." The publishers have apparently spared no expense to make the work popular, the colored plates being in excellent style and most of the wood-cuts are very plain.

The first chapter deals lucidly and comprehensively with the anatomy and physiology of the cord; the second, with its pathology and the resulting alterations in function. Then follow, methods of case taking, symptoms, prognosis, treatment.

The last chapter is devoted to a tabular classification of the diseases of the cord and description of the individual functions. We heartily recommend the work to those engaged in the study of this difficult branch of medicine.

DISEASES OF THE STOMACH AND INTESTINES. By Prof. Dujardin-Beaumetz, Physician to the Cochin Hospital, etc. Translated from the fourth French edition, by E. P. Hurd, M.D., with illustrations and chromo-lithograph. New York: William Wood & Co. 1886.

Those wishing a comprehensive work on diseases of the stomach and intestines, will do well to peruse this one. The name of the author is now well and favorably known on this side of the Atlantic.

The first five chapters are devoted to the subject of regimen, which is so important a factor in the production of diseases of the stomach and intestines. The work is a thoroughly scientific one, and deals exhaustively with the subject under consideration, while at the same time the matter has been so carefully condensed, that it is not cumbersome. The translator is to be complimented on the truly English ring he has given his sentences.

A MANUAL OF DIFFERENTIAL MEDICAL DIAGNOSIS. By Condict W. Cutler, M.S., M.D., etc. New York and London: G. P. Putnam's Sons. 156 pp.

This little work will be valuable as a book of reference. While we do not think that either the student or practitioner ever learns to diagnose from tables, still there are times when such an arrangement as given by the author will be found exceedingly convenient. The work is carefully done, and the book presents a very neat appearance. It will save a student many an hour's physical work in writing out tables of differential diagnoses for himself.

THE GENUINE WORKS OF HIPPOCRATES, translated from the Greek by Francis Adams, LL.D., Surgeon, in two volumes. Vol. I. New York; William Wood & Co. 1886. Cloth, pp. 390.

This work will be full of interest, not only to medical men, but also to many scholars outside the profession. Dr. Adams has accomplished the task of translation of what was heretofore a sealed book to the majority of readers. The work is well done, and will be read with pleasure by those who desire an acquaintance with the old masters.

SPASM IN CHRONIC NERVE DISEASE; being the Gultonian Lectures delivered at the Royal College of Physicians of London, March, 1886. By Seymour J. Sharkey, M.A., M.B. Oxon, F.R.C.P., Assistant Physician and joint lecturer on Pathology at St. Thomas's Hospital. London: J. & A. Churchill; Toronto: Williamson & Co.

LECTURES FOR KINTERGARTNERS, by Elizabeth P. Peabody. Boston: D. C. Heath & Co.; pp. 226. 1886.

NOTE.—Will the gentleman who sent us a communication, "Consulting with Quacks," be so good as to forward his card, as we cannot produce anonymous letters.—[ED.]

PASTEUR has been granted the degree of M.D., *honoris causa*.

Births, Marriages and Deaths.

On the 11th ult., at Nicolson Square chapel, Edinburgh, Richard C. Coatsworth, M.D., of Toronto, to Mary Eliza Isabella Maude, eldest daughter of the late Mr. John Durham, of St. Catharines.

HYDROLEINE OR HYDRATED OIL AS A THERAPEUTIC AGENT IN WASTING DISEASES.

By W. H. BENTLEY, M.D., LL.D.,
VALLEY OAK, KY.

From *New Remedies*, September, 1881.

In October, 1880, I read an advertisement of Hydroleine in some medical journal. The formula being given, I was somewhat favorably impressed, and procured two pamphlets: One on "The Digestion and Assimilation of Fats in the Human Body," and the other on "The Effects of Hydrated Oil in Consumption and Wasting Diseases." They are ably written, and afforded an interesting study. Their doctrines are so reasonable, that I got up faith enough to have my druggist order a sufficient supply to thoroughly test the merits of the preparation.

I was ready to catch at anything to take the place of cod-liver oil. In my hands it has proved an utter and abominable failure in ninety-five per cent. of all my cases in which I have prescribed it since I have been engaged in country practice, and it never benefitted more than forty per cent. of my city patients.

The inland people, who seldom eat fish, can rarely digest cod-liver oil. Almost every week I am consulted by some victim of the *cod oil mania*, who has swallowed the contents of from one to twenty-five bottles, and who has been growing leaner, paler and weaker all the while, until from a state of only slight indisposition, these patients have become mere "living skeletons." Nearly all complain of rancid eructations, and an unbearable fishy taste in their mouth, from one dose to another. They not only fail to digest the cod oil, but this failure overloads the digestive organs to such an extent that digestion and assimilation of all food becomes an impossibility, the patient languishes and pines and finally dies of *literal starvation*. In the comparatively small number with whom I have found cod-liver oil to agree, it has proved very gratifying in its results. In my practice, by far the largest number receiving benefit from it have been children. Those who have, previous to their illness, been accustomed, to some extent, to a "fish diet," will be more likely to digest the oil, and more notably so in cold climates. Still the innumerable efforts that have been made in the shape of "pure cod-liver oil," "palatable cod-liver oil," "cod-liver oil with pepsin," "cod-liver oil with pancreatin," "cod-liver oil emulsions," etc., and so on, *ad infinitum*, attest the fact that the great *desideratum* after all is to render cod-liver oil capable of retention by the stomach, and digestible when it is retained.

As Hydroleine is partially digested oil, and this partial digestion is brought about by a combination of factors suggested by actual physiological experiments, these facts commend it to my confidence, and a trial of the preparation in

a high degree of merit, and I feel that it is a duty incumbent upon me to call the attention of my medical brethren to the subject.

The first case in which I prescribed it was that of a married lady 28 years of age, a blonde, and the mother of four children, the eldest 9 and the youngest 1 year old. From the birth of this last child she dated her illness, for she made a tardy convalescence, remaining unable to walk for a month. Soon after she began to grow weaker, and soon resumed her bed, which she had not left to any extent since, not at any time being able to sit up longer than fifteen or twenty minutes. During all this time she was under charge of a skillful physician. He had tried many remedies to check the rapid emaciation; among these were several different brands of malt extract, cod-liver oil, and various mixtures of the oil. None of the oils and their mixtures agreed with her. In March, I was called and prescribed Hydroleine, a bottle of which I delivered at the time, directing her to commence with teaspoonful doses, to be gradually increased to twice the amount. It agreed with her finely, and by the time the first bottle was used she was greatly improved. She procured and used two additional bottles, and, at this writing, June 15th, is considered well.

The above case was one of general and persisting emaciation, unaccompanied by any cough or perceptible thoracic trouble. The ensuing case was one of diagnosed

TUBERCULAR PHTHISIS.

The patient a married lady, æt. 32, had been married about 14 years, and was the mother of six children, the youngest two years of age. Several of her sisters had died of the above mentioned disease. Her medical adviser prescribed cod-liver oil, and she had taken a full dozen bottles with plenty of whiskey. The oil had not been digested, although it had been retained by the stomach. Her cough had grown constantly worse, and she grew rapidly weaker, week by week. I prescribed Hydroleine for her, and she commenced to take it in April, about the 15th. It agreed with her finely. She rapidly gained weight and strength, her cough was relieved and has now nearly ceased. She has used nearly four bottles, and continues to use it, though apparently well.

I have prescribed it in three other cases, in two of which the results have been equally gratifying, but in the other case it produced nausea and greasy eructations.

From these trials I am led to think quite favorably of the hydrated oil, and I am led to believe that although it may not agree with all, it will be found of great and permanent benefit to a very large per cent. of consumption and other "wasting" diseases, and that it is destined, at no distant day, to very largely supplant the undigested oils.

HAZEN MORSE, 57 Front Street East,
TORONTO,

TUBERCULOSIS RESULTING FROM DEFICIENT NUTRITION.

(From *The Medical Record*, New York.)

Various as are the opinions regarding the treatment of consumption, all writers concur in the belief that whatever measure is adopted, the strength of the patient must be husbanded with the greatest care, and the most efficient means employed to supply the system with that element which the symptoms indicate as being required to keep up the vitality while such course of treatment is being pursued as is considered suitable. The most striking indication of the presence of this dreadful disease is rapid loss of weight. The patient himself, prone as he is to disregard precautionary warnings of this insidious malady, cannot but observe an extraordinary difference in the appearance of his form, as first the face, then the trunk and, lastly, the limbs become soft and flabby, and the once well-fitting garments hang loosely about him, his flesh seeming to melt away, so rapid is the change.

EMACIATION.

A natural course of reasoning as to the cause and effect of emaciation under these circumstances has developed the fact that the abnormal consumption of the tissues is the result of nature's efforts to supply the waste, through the blood from the fatty tissues of the body with the requisite amount of material whose oxidation is the source of heat and nerve force, the natural supply, through the assimilation of food, having failed in consequence of an unhealthy condition of the pancreatic secretions causing an insufficient supply of chyle, or a failure on the part of the lacteal tubes, through fever or some cause, to absorb sufficient nutriment.

TUBERCLE.

As the attack upon the tissues of the body progresses, not only fatty tissue is absorbed into the circulation from unnatural sources, causing loss of strength, but particles of albuminoid tissue are carried by the blood and being deposited in channels where the system has no provision for throwing them off, form desquamations centres of disease which, in their turn, throw off infectious matter to be absorbed into the general system. The immense extent of delicate mucous surface in the respiratory passages of the lungs exposed to the contents of the minute blood-vessels which permeate their entire texture, offers the greatest and most susceptible field for the reposition of a large amount of this effete albuminoid tissue. This deposit forms the tubercle whose establishment in the lung is the beginning of that train of circumstances which characterizes the progress of that fatal malady—consumption. Thus it is seen that tuberculosis is either due to the defective action of the pancreatic juice on the fatty elements of the food, or to the non-absorption of the chyle into the blood.

ASSIMILATION OF FATS.

Fatty matter, when introduced to the stomach, undergoes little change by the action of the gastric juice, but passes, together with

the chyme or digested fibrinous and albuminous matter, to the duodenum, where it comes into contact with the pancreatic juice, and is thereby transformed into chyle, which is a very delicate saponaceous emulsion or suspension of the oleaginous portion of fat. It is when in this condition only that fat is capable of absorption by the lacteals, thence passing directly to the venous blood which is supplied to the lungs through the right cavity of the heart; the lungs then absorb from that blood the hydrocarbons or fatty portion, and return the nitrogenous portion to the heart, to form the globulin of arterial blood before passing into the circulation.

This function of partly saponifying and partly emulsifying fats is enjoyed by no other secretion of the alimentary canal but the pancreatic juice, unless we take into consideration the action of the saliva, which is somewhat of that nature; but as the food in most instances is subjected to the action of the saliva in the mouth for so short a time, this feature in the economy is almost inappreciable.

TREATMENT.

The close relations of non-assimilations of the fatty elements of food to wasting diseases, and especially to consumption, is understood, and reason would indicate that if by any artificial means the absorption of fat could be assisted by supplying, as chyle, a proper amount of digested or fatty matter, a nutritive progress would be established which would modify the unhealthy action of the pancreas, and not only relieve the body from the depleting effects of the disorder, but afford an opportunity for treatment and recovery. With the assistance of a thorough knowledge of the chemical process which fat undergoes from the time of its introduction into the duodenum to absorption, a preparation has been introduced and extensively used by the profession in England with highly successful results, indicated by the very flattering commendations of it from many physicians who, having given the treatment of pulmonary disorders their special attention, are peculiarly qualified to attest its efficacy.

HYDROLEINE.

This preparation, to which the distinctive name of hydroleine (hydrated oil) has been given, is not a simple emulsion of cod-liver oil, but a permanent and perfect saponaceous emulsion of oil, in combination with pancreatin soluble in water, the saponification producing a cream-like preparation, possessing all the necessary qualities of chyle, including extreme delicacy and solubility, whereby a ready and perfect assimilation is afforded.

FORMULA OF HYDROLEINE.

Each dose of two teaspoonfuls, equal to 120 drops, contains:

Pure oil.....	80 m (drops)
Distilled water.....	35 "
Soluble pancreatin.....	5 grains.
Soda.....	3 "
Boric acid.....	1 "
Hyocholeic acid.....	1-20 "

Dose.—Two teaspoonfuls alone, or mixed with twice the quantity of soft water, wine or whiskey, to be taken thrice daily with meals.

The use of the so-called emulsions of cod-liver oil during the extremely sensitive condition of the digestive organs always accompanying consumption does not usually afford beneficial results. Those of the profession in this country who have under their care cases of consumption, diabetes, chlorosis, Bright's disease, hysteria, and, in short, any disease where a loss of appetite is followed by a rapid breaking down of the tissues of the body in its effort to support the combustion supplying animal heat, are urged to give this preparation a trial. It is supplied by the agent for Canada, Hazen Morse, No 57 Front Street East, Toronto, who will forward literature relating to the subject upon application.

That many of the diseases from which mankind suffer during infant and adult life are caused by malnutrition, there can be no doubt; and the extent to which non-assimilation of the life-giving properties of food interferes with recovery from severe illness, baffling the best directed efforts of the physician, points the necessity for an agent or combination of agents sufficiently potent to replace the deficient principle and aid nature in renewing the degenerated tissues.

Realizing this need, the science of chemistry produced pepsine. Richard Tuson, F. C. S. Professor of Chemistry, London, England, in the *Lancet* Aug. 13, 1870, speaks of this remedy as follows: "Since the introduction of Corvisart and Boudault's poudre nutritive into medicine, in the year 1854, Pepsine, obtained from the stomach of the pig, calf or sheep, in a state of greater or less impurity, has been extensively prescribed in Dyspepsia and certain other affections. According to the testimony of some authorities of high standing, long experience in the use of this agent fully justified Corvisart's predictions relative to its therapeutic value, which were based on physiological reasoning.

There are other authorities who express doubts as to the efficacy of Pepsine. This difference of opinion undoubtedly arises from the circumstance that pharmacists supply medical men with various preparations, all bearing the same specific name of Pepsine, but differing very considerably in their digestive powers and other qualities. In fact, I find those who speak favorably of its employment in the treatment of disease have prescribed that prepared by the best makers, while those who express a doubtful opinion have been in the habit of prescribing those varieties or makes, which the experiments of myself and others have proved to be practically without any digestive activity, i. e. worthless. Under these circumstances it is absolutely necessary for the practitioner to be certain of the make of Pepsine he uses. Pure Pepsine, thoroughly triturated with finely powdered sugar of milk (saccharated pepsine), will undoubtedly produce the best results.

Experience in diseases of the stomach, dyspepsia, etc. has demonstrated in many cases, the lack of other agents required to promote a healthy digestion beside Pepsine, namely Pancreatine and Diastase or veg. Ptyalin. Pancreatine the active principle of the sweet-bread or pancreas possesses the wonderful power of emulsifying the fats and oils of food, rendering them easily assimilated by the system not affected by pepsine in the slightest degree. Diastase, or veg. Ptyalin, as obtained from malted barley in the dry extract of malt, represents the saliva, and has the remarkable property of converting the insoluble starchy portions of food into the soluble glucose, thus rendering the indigestible and nutritive article starch into the nutritive and easily assimilated food

The value of these different ingredients and the difficulty of procuring them of the right quality led HAZEN MORSE, 57 Front Street East, Toronto, to experiment with various combinations during seven years' employment in the manufacture of Pepsine on a large scale and with the assistance of several prominent physicians he was finally enabled to present to the profession the following formula.

Saccharated Pepsine.....	10	Grains.
" Pancreatine.....	5	"
Acid Lactophosphate of Lime	5	"
Exsiccated Extract of Malt equal to one teaspoonful of Liquid Extract of Malt	10	"

Said formula has been registered at Ottawa under the distinctive name Maltopepsyn, thus giving the physician a guarantee of always procuring the same standard preparation and preventing their being imposed upon by imitations of inferior quality, and at the same time putting it at as low a figure (fifty cents for a pound) as possible for such a formula to be compounded from the ingredients of the best possible manufacture.

Maltopepsyn has digestive power ten times greater than the best Pepsine in the market, as it digests Fibrin and Caseine, emulsifies the fat of food taken into the stomach, thus rendering it assimilable, converts starch into glucose, in fact it combines all the agents that act upon food, from mastication to its conversion into chyle, digesting all aliment used by mankind while Pepsine acts only on plastic food. Maltopepsyn also combines with the above the nutritive qualities of Extract of Malt, and the brain and nerve strengthening powers of the Acid Phosphates.

It has been found that a free acid, like Hydrochloric, does not combine well with a Saccharated Mixture, and renders it liable to decomposition, I therefore do not use it in my formula. It can be easily prescribed in solution, (say 20 drops of acid to 4 ounces of water) one half-ounce with each dose, in cases where its use is indicated.

For infants, however, Maltopepsyn will be found to yield the most satisfactory results, and the acid should be dispensed with. The necessity for the absence of acid which would tend to produce harmful results, will be recognized, when it is considered that even the slight acidity of most cow's milk, when used as food for infants, is sufficient to disagree with them.

With regard to the proper time for its administration, as before or after taking of food, opinions vary, but reason would suggest that about half an hour before eating will afford the ferment a sufficient time to combine with the existing condition of the stomach, and produce the most natural effect upon the food.

OPINIONS OF MEDICAL MEN.

46 St. Joseph St., TORONTO, Aug. 19, 1881.
I have tried both Maltopepsyn and Hydroleine in a large number of cases and have found very great benefit from their use. Maltopepsyn is one of the best remedies of its kind that I have ever prescribed when artificial aid is required for digestion. Hydroleine I have found to be one of the best, if not the best of its class. It is readily taken, is easily assimilated, does not produce nausea or disgust, and nourishes the body to a very marked degree. In all wasting diseases I have found it to be most satisfactory. I would strongly recommend both of these preparations to my professional brethren.

JAS. H. RICHARDSON, M.D.,
M.R.C.S., England.

MONTREAL, Sept. 7, 1881.

Dear Sir.—I have given a very fair trial to your preparations Maltopepsyn and Hydroleine. I found Hydroleine invaluable in all wasting diseases, where cod liver oil and other tonics are generally employed, and especially in treating some cases of chronic diseases of the skin.

Maltopepsyn has been used successfully in two cases of Dyspepsia.

Yours truly,
GASPARD ARCHAMBAULT, M.D.,
Physician to the Hotel Dieu and Professor of Dermatology at the Medical and Surgical School.

MONTREAL, Sept. 12, 1881.

Dear Sir.—I think I have employed Hydroleine since its first introduction here, and it has given far more satisfaction in my hands than any other Cod Liver Oil preparation, in cases of emaciation with cough and threatened consumption its use has invariably been followed by benefit and in many cases results have been truly remarkable. Increase in weight, improved secretions and better spirits usually follows its proper administration. In chronic diarrhoea I have found it very serviceable and for many convalescents it is invaluable.

Yours truly, W. B. BURLAND, M.D.

MONTREAL, Sept. 28, 1881.

Dear Sir.—I have used Hydroleine very freely and find it a very good tonic in all wasting diseases, principally those of the pulmonary organs.

Yours truly,
P. G. MOUNT, M.D.

Physician to the Reformatory Jail, Montreal.

690 Dorchester Street, MONTREAL, Sep. 29, 1881.

Sir.—I have much pleasure in adding my own to the mass of testimony you have already acquired in favor of Hydroleine, with the results of which I have never been disappointed. Its administration has frequently been attended with an increase in the patient's weight far out of proportion to the quantity of oil taken.

Yours truly,
A. LAPHORN SMITH, M.D.
M.R.C.S., England, F.O.S. Lond.,
Physician Montreal Dispensary

531 Wellington Street, MONTREAL, Sep. 19, 1881.

Dear Sir.—What I have seen of Hydroleine is certainly to its advantage. In the first place you do not, as is done to my knowledge in other preparations, endeavor to cover up deficiencies of the oil by adding strong aromatic oils to the mixture, and again, I consider the formula more likely to secure a finer emulsion by reducing the size of the globules than is possible under other methods.

Yours truly,
CASEY A. WOOD, M.D.

MONTREAL, Sept. 7, 1881.

Dear Sir.—I have much pleasure in testifying to the excellence of your Maltopepsyn in cases of indigestion and the diarrhoea and the vomiting of children. Beyond question it is the most successful remedy we possess in the above class of cases, particularly so in young children, doing away entirely with the very objectionable habit of administering very powerful astringents, including opium. Your preparation in these cases is prompt in its action and above all harmless.

Yours very truly,
JOHN T. FINNIE, M.D.

MONTREAL, Sept. 19, 1881.

Dear Sir.—Having occasion to prescribe Maltopepsyn often, it is with the greatest pleasure that I inform you of its entire satisfaction to the relief and cure of all those troubles which accompany dyspepsia, gastralgia, pyrosis and flatulency; it has also cured costiveness. In all these complaints I am well pleased with the use of this wonderful remedy.

Yours very truly,
J. C. DANSEREAU, M.D.

126 Bleury St., MONTREAL, Sept. 12, 1881.

Dear Sir.—I have used Maltopepsyn in a great number of cases with beneficial results and think that it is a very valuable preparation.

Yours truly,
R. A. KENNEDY, M.D.

NEW DURHAM, ONT, Oct. 1, 1881.

Dear Sir.—I prescribed Hydroleine to a patient afflicted with tuberculosis. She is wonderfully emaciated; nevertheless, from the use of the one bottle she has gained 1½ lbs., her cough has become less frequent, and she expressed a great desire to continue the use of the remedy. I write you for 4 (four) bottles to be sent immediately.

Yours very respectfully,
A. McCURDY, M.D.

UPPER BEDFORD, QUE., Sept. 28, 1881.

Dear Sir.—For the past 12 months I have used Hydroleine (Hydrated Oil) in all my cases presenting either a scrofulous or tubercular diathesis, and have found it answered better than any other preparation of cod liver oil. Notably with children (of all ages) do I find its particular value.

In suitable cases your Maltopepsyn has never failed me, and in certain cases of long standing dyspepsia, its use I found indispensable.

Yours truly,
DAVID A. HART, M.D.

THE CANADA LANCET.

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SOME OBSERVATIONS ON DIABETES MELLITUS.*

BY THOS. R. DUPUIS, M.D., M.R.C.S. ENG.,

Professor of Anatomy in Royal College of Physicians,
Kingston, Surgeon to the Kingston Hospital, etc.

In discussing diabetes, my object is to direct attention to a few interesting facts in connection with its pathology, its prevalence in this country, and to institute a comparison between the older authorized treatments, and the latest treatment by bromide of arsenic, as far as my experience has extended.

Diabetes, or distinctively *Diabetes Mellitus*, is, as you all know, a disease characterized by an increased flow of saccharine urine. The disease has been known for many years, and the term *Diabetes* was formerly applied to any augmentation of the urinary flux. In 1674, Willis discovered the sweetness of the urine, previous to which time the true nature of the disease had not, that we know of, been suspected; since that time, however, the presence of sugar has been regarded as a character of the disease, and the name *Diabetes* has now become almost synonymous with glycosuria.

Dr. Cullen, over one hundred years ago, wrote as follows:—"Doctor Willis seems to me to have been the first who took notice of the sweetness of the urine in diabetes, and almost every physician of England has, since his time, taken notice of the same. Though neither the ancients, nor,

"in other countries of Europe, the moderns, till the latter were directed to it by the English, have taken notice of the sweetness of the urine, it does not persuade me that either in ancient or in modern times the urine in diabetes was of another kind. I myself, indeed, think I have met with one instance of diabetes in which the urine was perfectly insipid. . . ."

But enough of what at the present time we all know. Although this disease is not of very great frequency, its generally fatal character; and when not fatal, the slavish restrictions which it imposes upon its subjects, are sufficient to induce us to hail with welcome any and every method of treatment which holds out a fair prospect of cure, or of a large measure of relief. The disease is not common in childhood, although I have found a number of cases in children reported in the medical journals, and other works which I have consulted, some of them in subjects as young as 3, 2½ and 2 years of age; and such were all fatal. In the early part of adult life, death is more certain from it than in the latter part; elderly persons bearing the loss of assimilated nutriment entailed by it, better than younger ones. The tables of mortality in the Reports of Deaths for Ontario in 1884, afford us a great many interesting facts relative to this disease. I shall quote some of them here.

Out of 21,702 deaths reported in that year, 70 were from diabetes, or 1 in 310. The males were 48 and the females 22. The proportionate number of deaths at different ages are given as follows: under 5 years, 0; from 5 to 10 years, 3; from 10 to 15 years, 6; from 15 to 20 years, 5; from 20 to 30 years, 10; from 30 to 40 years, 13; from 40 to 50 years, 3; from 50 to 60 years, 10; from 60 to 70 years, 7; from 70 to 80 years, 6; from 80 to 90 years, 2; over 90 years, none. According to this tabulation, men suffer more than twice as frequently as women from this disease; childhood is comparatively exempt from it, and the greatest number of deaths from it occurs during the most active periods of life. All the deaths from diabetes which have come under my notice have occurred before, or about, the middle period of life; but I know of several elderly persons who have had the disease for a number of years, and who, by a little proper medication and severe restrictions in diet, are enabled to remain in comparatively good health. It is evident that diabetes is neither epidemic nor

* Read before the Canadian Medical Association at Quebec, August 18th, 1886.

endemic; but there seems to be something in the manner of living amongst certain classes of the community, that renders them more liable to the disease than others are. Amongst the country population, it proves to be more prevalent, according to our own Death Reports, than amongst those of the cities; and the larger the city, apparently, the smaller the proportion of deaths from diabetes. According to reports, in the city of New York, out of 1,379 deaths, only one was caused by diabetes; and in Philadelphia, only one in 875. Taking the five largest cities of Ontario, viz., Toronto, Hamilton, Ottawa, London, and Kingston together, we find seven deaths from diabetes in 4,524 deaths, or one in about 646. Taking all the cities and towns together, and we get 11 from diabetes in 6,737 deaths, or one in about 612. Taking the smaller cities and towns by themselves, we find 4 deaths from diabetes in 1,421 deaths, or one in about 355. Taking the whole Province, and we find 70 deaths from diabetes, in the grand total of 21,702 deaths, or 1 in about 310. But taking the *counties alone*, leaving out all the towns and cities, and we are confronted with the large proportion of 59 deaths from diabetes in 15,657 deaths, or 1 in about 254.

Again, out of the 31 cities and towns in Ontario, 14 (nearly half), viz., Brantford, Walkerton, St. Thomas, Windsor, Kingston, Owen Sound, Belleville, Goderich, Sarnia, Napanee, St. Catharines, Cobourg, Whitby, and Berlin report *no* cases of diabetes; and the large city of Toronto reports only 4; the cities of Hamilton, Ottawa, and London 1 each, and the city of Kingston none.

But when we turn to the counties, the facts are quite different, and add stronger confirmation to the theory which I venture to propound, that diabetes is more prevalent in agricultural regions than in towns and cities—that it is in fact a “country disease.” *Thirty-nine* counties in Ontario have reported deaths; and only *eight* out of the thirty-nine (only about one-fifth) have reported *no* deaths from diabetes. These are the counties of Algoma, Elgin, Frontenac, Hastings, Norfolk, Oxford, Prescott and Russell, and Welland.

From the scattered situation of the foregoing counties and the proportionately small number which have been exempt from the disease, all notion of any endemic influence is dispelled; but the presumable fact remains, that there is some-

thing in the habits of life of our agricultural population which predisposes them to this disease. Of 11 cases of which I have taken note, 7 were farmers or farm laborers; and I think the remaining 4 lived either in small villages or in country places. Authorities state that it is more prevalent in the agricultural counties of England than elsewhere, and in Normandy in France, which is largely an agricultural section of country. Regarding its geographical distribution in the various countries of the world, there does not seem to be a sufficient difference in its occurrence amongst them to lead to any definite conclusions respecting its origin. India, and a few other countries are said to be more liable to it than the rest of the world.

The pathology of diabetes is a most difficult problem; perhaps for 200 years the best minds in the profession have been directed to its investigation, and of late years volumes have been written upon its proximate and remote causes.

Old Cullen, as we call him, came to a conclusion by his acute powers of observation, that “no topical affection of the kidneys has a share in producing this disease, and that a fault in the assimilation of the fluids is rather to be blamed, and that even the *solid food taken in*, increases the quantity of the urine voided, at the same time with an increase of the saccharine matter.”—(*Pract. Phys. Art.*, 1510). Since his time, its origin has been sought for, one might say, in all the different organs and tissues of the body. The brain and nervous system (especially the sympathetic), it has been shown, play a very important part in the production of glycosuria. Some of the experimental operations which may give rise to it are the following, viz.:

1. Irritation of the diabetic centre, which is situated in the floor of the 4th ventricle, at the roots of the pneumogastric nerves.
2. Transverse section of the medulla oblongata.
3. Section of the spinal cord above the 2nd dorsal vertebra.
4. Section of the filaments of the sympathetic n., accompanying the vertebral artery.
5. Destruction or extirpation of the superior cervical ganglion.
6. Sometimes, but not always, division of the sympathetic in the chest.
7. Section or extirpation of the last cervical ganglion.
8. Section of the two nerve-filaments passing from the inferior cervical to the superior thoracic ganglion.
9. Section

or removal of the upper thoracic ganglion. All of them being operations which more or less paralyze the vaso-motor nerves of the liver. (Tyson.)

In a paper by Dr. Hall White, on "the sympathetic system in diabetes," reprinted in the *Brit. Med. Jour.* 1884, pp. 1245 and 1246, he says that by microscopic examination some change in the nerves was found, usually of a chronic inflammatory nature. There was much increase of small cells, great engorgement of vessels, and new growths of fibrous tissue, and such other important changes that he concludes, that the cause of diabetes resides in the sympathetic nervous system. This view is still further strengthened by the fact, that irritation of the central end of the cut vagus will produce glycosuria, but irritation of the peripheral end of the cut nerve *will not produce it*; indicating that the influence of the sympathetic is required.

Since irritation of the cut end of the vagus which remained in connection with the brain was found to produce glycosuria, it was rationally concluded that the pneumogastric conducted the irritation as a sensory nerve, and therefore that irritation of the peripheral distribution of the pneumogastric in any organ to which it is distributed, would, by reflex action, cause it also; thus the *action* of certain drugs, of abnormal states of the stomach, liver, and other organs to which the pneumogastric is distributed, in giving rise to the disease, is accounted for. Irritation of other parts of the sympathetic system of nerves, or of sensory nerves, by diseased organs or otherwise, may, by reflex action, become a chief factor in the causation of this disease. Hence we find in the *Brit. Med. Jour.*, July 11, 1885, a case recorded by Francis Imlach, M.D., in which diabetes was due to ovarian irritation from chronically diseased ovaries, and which was cured by bromide of ammonium and Clemen's solution of the bromide of arsenic, after the "uterine appendages" had been removed. Hence we find such cases as those described by Lawson Tait, which occur in women about the time of the menopause, and which terminate after their systems become accommodated to their changed conditions. Mr. Tait, however, associates eczema of the vulva with these cases. These three conditions no doubt are often found together, but cessation of the menses is not a necessary accompaniment of the diabetes which causes eczema of the vulva; for I

have now in my mind the cases of two women, both suffering in a similar manner with diabetes and eczema vulvæ, the one since her menopause a few years ago; the other, being younger, and having had two children since the accession of the diabetes. Some observers maintain that saccharine urine and certain conditions of the menstrual functions, have an interdependence on one another; and this would not be strange, when we consider the sugar-producing powers of lactation; but it is, nevertheless, doubtful.

Some also have detected marked changes in the brain and spinal cord, in subjects who have died of diabetes; while other, and perhaps equally as acute observers, have not been quite satisfied as to the origin and value of such lesions, or whether they were a cause or a consequence in their relation to diabetes.

Of the *abdominal* organs, the pancreas is the one most frequently affected, a thing we should expect to find on account of the important part which it plays in the digestion of fatty and amylaceous matters. According to Tyson's statements, "it undergoes a pseudo-hypertrophy, consisting chiefly in a hyperplasia of the connective tissue, fatty degeneration of the gland-cells, and atrophy of the glandular structure." Cancerous disease, calculous concretions in the ducts, cystic dilatation, etc., have all been enumerated amongst the post-mortem conditions of the pancreas after diabetes. But I may remark just here, that cancerous disease of the pancreas does not *necessarily* cause diabetes; for, less than two years ago, I assisted at a post-mortem examination of a professional brother dead from cancer of the pancreas, and amongst his symptoms had been loss of appetite, little thirst, scanty and high colored urine, and ascites; symptoms entirely opposite to those indicating diabetes.

The *liver* is occasionally changed in character, sometimes being more or less enlarged; at other times being found atrophied. But either of these conditions might be a consequence of the pancreatic disease.

Other authors, from the time of Cullen down to the present, have not been able to connect a diseased state of the liver with diabetes in all cases, inasmuch as it is frequently found quite unchanged, and apparently healthy after death from this disease.

What might be termed the nervo-chemical theory—a theory that would result from a combination of the views of Claude Bernard and Pavy—the former holding in general terms, that the process of sugar-formation in the liver is governed and regulated by the nervous system; the latter holding that the hydro-carbons of the food are stored up in the liver in the form of glycogen, and that under certain abnormal conditions the glycogen is converted into sugar, thus producing diabetes; this composite theory has, I say, received an able advocate in the person of P. W. Latham, A.M., M.D., F.R.C.P., of Cambridge, Eng. In the Croonian Lectures delivered by him at the R.C.P.L., April, 1886, he classes Rheumatism, Gout, and Diabetes in the same category, and ably argues that the whole cause of the incomplete metabolism diabetes, results from an imperfect condition of the vaso-motor system of nerves.

With your permission, I will quote some of his statements; but I can make use of *only some* of them, as they are too elaborately exemplified by abstruse chemical formulæ to make many of them available in a paper like this. He says: "It remains for me to say a very few words with regard to the pathology of diabetes, and to explain why I have classed it together with gout and rheumatism.

"If the function of the liver be interfered with, so that there is imperfect metabolism of glucose as it passes through the organ, this would be a satisfactory explanation of the origin of the disease, and we should expect in such cases that the urgency of some of the symptoms would be lessened by careful diet, and abstention from saccharine and starchy food.

"But there are other cases in which the diet seems to have much less effect in controlling the symptoms; it is this form that I wish briefly to discuss." "I have endeavored to show," he says, "that in acute rheumatism, by the separation of the cyan-alcohols from the rest of the albuminous chain, we have glycocine, and glycollic and lactic acids formed; the glycollic acid being oxidized into CO₂ and water, the lactic acid in some measure being oxidized into these products, and in some measure passing off by the skin.

"But suppose that whilst the vaso-motor fibres of the muscular nerve are paralyzed and the ves-

sels dilated, the molecules of a cyan-alcohol are detached and hydrated into glycollic acid but only partially oxidized, the result would be that the glycollic acid would be transformed into carbonic acid and methyl-aldehyde and water. "Condensation of six molecules of the aldehyde may then take place, as it does in plants, and form *glucose*." He then continues to show how, when the vaso-motor nerves are in a certain paralyzed condition, we may get the formation of not only glucose, but paraldehyde, a hypnotic, oxybutyric acid, and acetone; but the steps of his reasoning are so abstruse and his chemical formulæ so complex, that it would be worse than useless to attempt at this time to follow him. In his conclusion he says: "I have thus endeavored to indicate some of the changes in the nervous system, the blood, and the tissues, which may take place in diabetes, rheumatism and gout. . . ." "The inferences may be wrong, but the facts remain; and I trust that in this way, at least, I have helped to a better understanding of these disorders."

It would be quite superfluous for me to say anything about the long train of symptoms that accompany this disease, or to point out the various methods of testing the urine, for I am not lecturing to students, and you all know these as well as, and perhaps much better than I do. I will pass on to the treatment which I have, I may say, experimented with, and to the methods of treatment which I have seen recommended or used by others. In doing this, permit me to arrange in clinical form the few cases that I shall bring before you, which arrangement, although more cumbersome, is better fitted to exhibit the various points in them which seem worthy of remark.

First Case. A young man æt. 27, a carpenter by trade, had suffered from diabetes about 9 months, when I was called to see him. The quantity of urine voided was then growing less, becoming darker in color, and beginning to deposit a sediment on standing. He was greatly emaciated, pulse feeble, had hectic cough and extreme dryness of the mouth; his tongue was cracked, and his teeth and lips were incrustated by dark sordes. About three days after my first visit to him, coma supervened, and gradually grew more profound until it terminated in death on the third day afterwards. It was too late for the action of any

remedies when I first saw the case ; but two important facts are revealed by it, viz. : the comparatively short time required for a fatal termination at this age, and the change in the character of the urine, the thirst, and the appetite, towards the termination of the disease.

The Second Case was that of a young farmer, æt. 22 years. He was brought to my surgery on the 25th of May last. He was pale, emaciated, had a dry shrunken look, was so weak that he staggered as he walked. His lungs had not given way, and what he chiefly complained of was utter prostration of his physical powers, and continuous thirst. A few questions elicited the fact that he had diabetes, and an examination of his urine confirmed it, by showing a sp. gr. of 1040, and sugar in abundance, perhaps more than 40 grains to the fluid ounce. On the 27th I was called to visit him at his home ; there was no improvement, but he was "easier and inclined to sleep," as his mother expressed it. On the 28th I was sent for in haste to come and see him again ; I told the messenger who came for me that I could not do "Charlie" any good, but to please the family I would go. I found that the ease and tendency to sleep of the previous day had passed into coma, and that it was almost impossible to rouse him sufficiently to recognize his nearest friends. The coma deepened, and the following day he died.

On the strictest inquiry I could not find that anything wrong had been suspected in this young man's case, before the latter part of March previous, when his intolerable thirst attracted attention. He had been in the city at school during the winter, and a younger brother who boarded with him told me that he thought it curious that Charlie "made water" so often, during the latter part of the winter. From all the information I could gather, I concluded that this young man did not suffer over four or five months from the invasion of the disease ; and then certainly in such an obscure way as not to attract much attention up to a few weeks preceding his death, for he worked on the farm till about a week before he came to see me.

The Third Case is that of Mr. F., a farmer from Amherst Island, æt. 65. He had suffered from diabetes for about a year before coming to me ; but latterly he had been growing so much worse that he thought it necessary to apply for relief ; this

was in the spring of 1881. He was then passing from 10 to 12 pints of urine in the 24 hours, with a sp. gr. of 1030, and containing over 20 grains of sugar to the fluid ounce. As he was losing weight and becoming feeble, I placed him upon a supporting course of treatment, wrote out for him an anti-diabetic regimen, but making it as liberal as possible, substituted glycerine for sugar as a general sweetener of foods and drinks, enjoined moderate exercise out of doors, but no hard work, and strictly charged him to use daily friction of the skin and to wear constantly warm flannel underclothing. He visited me several times, extending over a space of three or four months, took a quantity of medicine home with him, and got so much better that he did not return again for over six months. Having at that time experienced an exacerbation of his disorder, he came to me again in a condition quite similar to, but not so bad as he was in the first place. He attributed his relapse to hard work and errors in his diet. A course of treatment similar to what I had previously prescribed for him had the desired effect of removing his alarming symptoms, and since that time I have not seen him. Last spring, a sister of his came to consult me ; I inquired of her regarding her brother's condition, and she replied : "Oh, he keeps quite well ; if he were sick again, you would soon hear of it." The old gentleman is now about 70 years of age, has lived six years since diabetes first became manifest in him, and by a strict regulation of his diet and general habits, he is able to keep himself in comparative comfort. The starting point of the disorder in him was, as far as he could discover, working in low lands repairing fences and similar employment during the variable weather of spring, suffering wet feet the most of the time, and getting occasionally drenched by a sudden shower of rain ; causes you see which would readily produce rheumatism and kindred disorders.

Bromide of arsenic was not then generally known as a remedy for diabetes, and the medicinal treatment I gave him was as follows, viz. : Five grains of crystallized pepsin, with 20 minims of dilute hydrochloric acid, in water, were given thrice a day before eating, and two grains of permanganate of potash dissolved in pure water three times a day, two hours after eating. One twentieth ($\frac{1}{20}$) of a grain of hydrochlorate of pilocarpine placed upon the tongue from two to four times a day

according to the dryness of the mouth, and opium or bromide of potassium *pro re nata*.

The fourth case, and one that made a great impression upon me was that of Father S., a Catholic priest, who lived in a town in Ontario, but whose personal acquaintance I made in Paris. He was a well-developed, fine-looking man, about 40 years of age, active, energetic, well-educated, and a gentleman in every sense of the word.

I was attending the Clinical Lectures of Dr. Charcot, at La Salpetriere, and on Father S's expressing to me a desire to see Dr. Charcot, I took him along with me. After a long and exceedingly pleasant interview with the Doctor he advised him to go to Vichy and try the waters.

The next day the good Father bade me *au revoir* and started for Vichy, saying as he did so that he had tried all the remedies recommended for diabetes; had consulted the best physicians of Canada; had obtained the advice of eminent men in London; and now that he had seen the man he most desired to see he would be guided by his directions. This was in the first part of August. About the first of October he returned and called in Kingston to see me on his way home, calmly stating that he had come home to die; that all his efforts for relief had ended in failure, and that he was satisfied there was no more hope in his case.

This gentleman had been suffering from the disease about four years when I made his acquaintance, and up to that time his chief suffering had been more from inconvenience than otherwise. Then, however, he had begun to experience great muscular weakness, an aversion to every kind of exercise, some confusion of thought, and loss of memory, although at the same time looking plump and healthy.

The history he gave me was that in the summer of 1879, (I think) during very hot weather, he was busying himself amongst some workmen who were doing some work about his parsonage, and he noticed that he became thirsty very frequently, and drank large quantities of cold water without experiencing the relief which ought to have followed them. He, of course, attributed his thirst to the heat; until some days afterwards finding his intolerable thirst becoming persistent, and noticing also that he was compelled to empty the bladder very often, he began to suspect something wrong, and then consulting a physician he was shocked by

the sad information that he was suffering from *diabetes mellitus*.

He could assign no cause whatever for the onset of the disease; he had lived a regular, active life; devoted himself zealously to the pious functions of the priesthood, was an enthusiastic and consistent *teetotaller*, and a man of splendid physique.

The fifth case I shall notice is that of Mr. A., a respectable and well-to-do farmer aged 55, and an active and prominent official of the County of Frontenac in the rear of which he lives. He first came to me in the autumn of 1884 having then had the disease for over three years. Beyond a faded and wearied look, there was nothing in his general appearance to indicate the grave nature of the disease from which he was suffering. He complained of general debility, loss of ambition, failure of external powers, inability to think clearly, and more or less difficulty in remembering various incidents; and on examination I found all the characteristic symptoms of diabetes present. He was voiding from 10 to 12 pints per day of almost colorless urine, having a specific gravity of 1035, and containing about 30 grs. of sugar to the fluid ounce.

I placed him upon the same treatment given Mr. F., and enjoined a similar regulation of diet. He was already pretty well acquainted with the "diabetic diet," having used at various times bread made from "gluten flour," and "diabetic flour and bran."

He continued this method of treatment for about 8 months, and then I added to it the following phosphate mixture recommended by Charteris (which see) namely: Bone ash of femur 1040 grs., light calcined magnesia, 406 grs., bicarbonate of potash, 900 grs., phosphate of soda, 3520 grs., syrup of phosphoric acid, 9 oz. and water 9 oz. The bone ash was powdered finely and mixed with 4 oz. of the phosphoric acid previously diluted with an equal bulk of water, and after thorough mixing allowed to stand for eight hours. At the same time the magnesia was mixed with enough water to form a mass, and a sufficient quantity of phosphoric acid added to form a solution. The phosphate of soda and bicarbonate of potash were dissolved in 16 oz. of water to which the solution of magnesia was added, and a sufficient quantity of phosphoric acid to form a clear solution; to this was added the bone ash previously mixed with phosphoric acid, and enough water to bring the

mixture up to three pints. This solution was filtered and the filter washed with pure water until the liquid measured 64 ounces. Of this solution fl̄i. was given in water three times a day after meals. This you will say is a complicated formula, and ought to be well adapted to a complicated disease! The line of treatment was continued up to the 28th of October, 1885, the only variation being the use of buckwheat flour for bread.

In the spring of last year (1885) I visited England again and finding that buckwheat flour had been highly commended by some authorities as a curative diet in diabetes, I immediately wrote this to Mr. A., and from the time he received my letter till Oct. 28th, as above noted, he had been using the buckwheat, and, he thought, with excellent effects. About this time, Oct. 28th, 1885, although he had gained in weight and strength, the quantity of urine being diminished with a less quantity of sugar, and seemed to be slowly improving, he began to grow tired of such a sameness of treatment and expressed a desire for change. I then, as an experiment, resorted to the treatment recommended by Beach in his "American Practice," continuing the per-manganate of potash, however, only giving it in the form of compressed tablets instead of in solution. Beach's or as it is called the "eclectic treatment" is nearly as follows: Three pills at night and three in the morning, each containing 1 gr. of pulverized capsicum and 3 grs. of extract of dandelion root were administered; and a tablespoonful 3 times a day before meals of the following mixture: Fluid ext. of cimicifuga fl̄x. fluid ext. of hydrastis canadensis, fl. ext. of prunus virginiana, of each fl̄i, camphor water up to fl̄xxx.

Nov. 19th he visited me again and expressed himself as much better, so that I thought it prudent to continue the same treatment, not neglecting the pilocarpine but omitting the pot. permang, as he complained of its nauseating his stomach.

On the 11th of February last he presented himself before me again really much better in every way than he had been since he first came under my care. Being anxious now to try the Bromide of Arsenic, and to please him by a little change I put him upon three minim doses of "Clemen's Solution," in water three times a day after meals. He has faithfully used this remedy since that time; I have seen him three times since then, and he has

expressed himself as feeling "pretty well;" his urine has been less abundant, sp. gr. lower quantity, of sugar diminished, the bad feelings in his head gone, his general strength improved; and the last time I saw him he stated that he had gained seven pounds in weight. On the morning of August 17th, I received a letter from this gentleman, which concludes, "I feel middling well at present."

The sixth I shall notice is that of a general labourer, aged 33, by the name of Norris. Him I admitted in the Kingston Hospital on the 23rd of last February. He was very weak and anæmic looking, his pulse quick and feeble, tongue coated, bowels constipated, appetite poor, and thirst unquenchable. He was passing 12 qts. per diem of colorless urine, sp. gr. 1040 with about 40 grs. of sugar to the fluid ounce. After his bowels were freely opened he was restricted to an anti-diabetic regimen and given Clemen's Solution of the Bromide of Arsenic in 4 minim dose 3 times a day. On the 16th of March his urine had diminished in quantity to 8 quarts per diem, sp. gr. lower and sugar less. He was feeling so much better that in spite of all my persuasions he left the hospital and went home—a distance of 40 miles—to visit his friends. In about a month he relapsed into his former condition, and returned to Kingston to enter the hospital again; on arriving in the city he went to a friend's house to stay over night, and was found in the morning dead in his bed.

The seventh case, and the last I shall notice, as time would fail me to do more, is that of Richard B., a well-to-do farmer from Renfrew, aged 36; and who as well as Mr. A., is still under treatment. He came to me on the 12th of May last, weak and thin, having in addition to the usual symptoms of diabetes a hacking bronchial cough which worried him greatly. He had been suffering from diabetes for 14 months, and during this time had been treated with iron, strychnine ergot, etc., without experiencing any relief. On examination I found him passing 16 pints of urine per day; its sp. gr. 1034 and the sugar about 25 grs. to the fluid ounce. He was ordered anti-diabetic regimen, given $\frac{1}{10}$ gr. doses of pilocarpine to be placed on his tongue three times a day; and $3\frac{1}{2}$ minim doses of Clemen's Solut. Br. Ars. in water three times a day after meals. On account of his dyspeptic condition and debility, I gave him pepsina and H. Cl. with glycerine and water before

meals. He straightway began to improve. He visited me again on the 12th of June, feeling a great deal better; quantity of urine 12 pints per diem; sp. gr. 1032; sugar 30 grs. ad. f3i. Treatment continued the same excepting a slight augmentation of the dose of Bromide of Arsenic.

July 27th he sent me a bottle full of his urine accompanied by a letter stating that he felt "much stronger," and was passing only ten pints of urine per day. The sp. gr. of it was 1030, and the quantity of sugar 22 grs. to the fluid ounce. On the morning of the 17th inst., I received a letter from this gentleman also, in which he says, "I have been loose in my bowels during the last week. I think it is using so many berries and vegetables that keeps me right; I am never so thirsty, and I feel better when I am loose in my bowels; I have used no medicine but the diabetic," (Clemen's Solut. Brom. Ars.) this last four weeks: my appetite is so good that I thought I need not. The last bottle puffed my face and legs. Send me another bottle of "diabetic medicine?" So that Mr. B. is evidently improving. I have four cases more on my note book which possess some points of interest but which for the present I must omit.

Let me now notice more particularly a few of the foregoing cases, in some of their features. The first two cases noticed show the rapidity with which diabetes does its fatal work in young subjects, and is a good illustration of the change in symptoms and the coma that supervenes during the last few days of life. To these might be added also the case of Norris, for he told me he had had the disease only 9 months.

Mr. A., has had the disease for more than five years, has tried a variety of treatment and is certainly better now than he was two years ago. He seemed to have been benefited somewhat by all the medicine he had taken and at present seems to be quite well satisfied with the action of the Bromide of Arsenic which he has now been using for nearly eight months. He thought at one time that he was greatly improved by the use of a medicine which he was in the habit of buying from an advertising physician in Detroit; becoming tired of paying ten dollars every few weeks for a package of white powder not much bigger than an ounce of tea, he brought me some of it for examination. On analysis by Prof. Goodwin of Queen's University, it proved to be a mixture of salicin

and bicarbonate of potash. But it must not be forgotten that Mr. A. has become an expert in regulating his anti-diabetic diet, and has fully tested the virtues of "gluten flour," "diabetic flour," and the common coarse flour vulgarly called "canaille," and has given the preference to the last.

Not long ago he brought me a specimen of each for analysis, and I submitted them to Prof. Goodwin of Queen's, who reported upon them as follows: Sugar producing material in *gluten flour* 65.79, *diabetic flour* 66.24, *canaille* 65.33, in an equal given quantity of each; and thus proving the correctness of Mr. A's experience. Of course the canaille while it contains less sugar forming material may also contain less nitrogenous matter.

Mr. Norris, certainly was much improved in the three weeks he remained in the hospital; but how much of his improvement was due to the bromide of arsenic I gave him, and how much to the strict regulation of his diet, it is impossible to say.

Mr. F., the third case noted, got well, one might say, upon a treatment in which bromide of arsenic had no place, as it was not then known as a remedy for diabetes; but his diet was regularly attended to, and kept within prescribed limits.

The case of Father S., illustrates the utter uselessness of all remedies in some cases, and the steady march of the disease to a fatal termination in spite of the best known medical treatment, diet, foreign travel, medicated waters, etc., and is an instance of its occurrence without any discoverable cause in a person who looked to be in every other respect strong and healthy,

In the case of Mr. B., I can see no reason to question the good part played by the bromide of arsenic; but his diet and drink also were so carefully regulated, and he took in addition pilocarpine pepsin, and hydrochloric acid, so that I am not in a position to say that the Br. ars. *alone* would have wrought the change which has already taken place in him; from his last letter however it seems to be the chief agent. I shall certainly experiment with it entirely alone when I have opportunity, but hitherto I have been like a boy learning to swim, afraid to leave his "floaters" and plunge out into deep water.

Two of the cases, a male and a female, which I have in my note book but which I have not detailed here, had slight glycosuria with polyuria,

and both were quickly improved in their condition by the Br. ars.

I first saw favorable reports of this remedy in the *Br. Med. Jour.* in 1883 or 1884, and in 1884 I noticed that Austin Flint, jr., had been using it with success. He insisted on a strict regulation of the diet and said then "Clemen's Solution of the Bromide of Arsenic appears to be useful," and recommended it in doses of from three to five drops given in water three times a day after meals, and stating that it might be continued for weeks and months without any unfavorable effects, "but" he added "the administration of this remedy does not supply the place of dietetic treatment which should be enforced in all cases." (*Can. Lan.* Nov. 1884, p. 88). In the *Br. Med. Jour.* 1885, p. 701, the same gentleman is reported as having said "diabetes has become to-day a disease easily and certainly curable, provided the treatment be not begun too late; and the treatment referred to, was strict regulation of diet and Clemen's Sol. Br. Ars.

From my limited experience I am in accord with Dr. Flint on the importance of the regulated dietary, and think with him that the bromide of arsenic is a valuable medicine in diabetes, but I cannot go the length of saying that I believe diabetes to be easily and certainly curable by it.

Sulphide of calcium and jambol have recently been brought forward as curative agents in this disease, but I have had no experience with them.

I need say nothing respecting a diet list, as every systematic work on medicine contains all that is needed. Charteris' little book, Pepper's System of Medicine, "The Home Practical Physician," and many others, give convenient and valuable lists.

Milk was long a questionable article of diet, but all authorities now agree that skimmed milk is not only permissible but is a valuable addition to the dietary. I have ventured to suggest Koumyas as a drink for diabetics, from its composition as given by the manufacturers of it in Toronto.

NOTE.—Since the foregoing article was in the Printer's hand I had a letter from R. B., in which he says he is feeling well and working hard. Mr. A. was at my surgery a few evenings ago and expressed himself as feeling much stronger and very well. Both are now using the Bromide of Arsenic alone.

THE PROGRESS OF MEDICINE.*

BY T. K. HOLMES, M.D., CHATHAM, ONT.

President of the Association.

After thanking the Association for the honor conferred upon him in electing him as their presiding officer, he alluded to the historic associations of the City of Quebec, and said, in this land there is arising a temple whose foundation is based upon the accumulated labors of some of the greatest architects of human happiness. Their names shine with brilliancy unabated all down through the vista of past years, and animate and enlighten all who labor in the same profession, and emulate their achievements. We are the privileged architects of this temple of medicine in our country and generation, and I trust that the marks of our skill may not be indistinguishable in the rising edifice. The progress of scientific medicine in the recent past is the result very largely of the development of the science of biology which has done so much to establish medicine on a scientific basis. Until the study of life in its elementary forms was rendered possible by modern instruments of precision, empiricism necessarily entered largely into all medical progress, and it was maintained as an opprobrium that medicine was no more than an enlightened empiricism. This is true, but it could not have been otherwise since, until the birth of biology as a science, medical knowledge had either to remain at a stand-still or to progress by a series of empirical jumps which sometimes left it in a more advanced state of usefulness, and sometimes failed to do so even in the slightest degree. Although empiricism in medicine has been such a laborious means of advancement, we must admit that it generally contained some grains of truth, and that when it failed to accomplish what was expected of it, the reason of the failure lay, not in the worthlessness of the efforts at progress, but in the difficulty of separating the grains of truth from the abundant chaff in which it was contained. Each new fashion, while it has contained some truth, has failed and given place to another little in advance, not because it contained no truth, but because the truth it did contain was incomplete. When, however, the study of biology was es-

*Abstract of the address delivered before the Canada Medical Association, in Quebec.

established on a scientific basis, medicine, which is but an applied science of biological doctrine, became less empirical and more scientific, and by the aid of physiology and pathology, which are the necessary sequence of biological investigation, has advanced to the present high and satisfactory position it occupies. The very fact that morbid processes are viewed and studied from a physiological standpoint, and are estimated and measured by the laws that govern elementary processes of life, renders it certain that the progress of the recent past and of the present is on surer lines and firmer foundation than ever before, and that the future of medicine will be the glorious sequel of the present, as the present is the glorious sequel of the past. It justifies the belief, that the advantages to the human race likely to accrue from the prosecution of medical studies and investigation pursued on these lines, will be far greater in the future than in the past, that physiology and pathology, which are but in their infancy, are destined to illuminate the dark places in medicine and reveal the true cause of much human suffering and premature death.

We are accustomed to regard with wonder the achievements of modern invention in the art of war, and to contemplate with amazement the perfected instruments of destruction that strengthen the hands of modern belligerents, but the general who advances to battle with all these at his command has no greater advantage over a barbarous foe than modern medical searchers after truth in the realms of disease have over their empirical brothers of the prebiological period. Possessing these advantages, and stimulated by this prospect, it is reasonable to suppose there will, in the near future, arise men whose investigations, beginning where those of Sanderson, Koch, Virchow, and Pasteur leave off, will be equally brilliant and equally conducive to human happiness and longevity.

The country that produces these men will be the country that affords the best medical education to those entering the profession, and that most facilitates original investigation for those who have chosen that field of labor. No physician in this country worthy of the profession to which he belongs can be indifferent to the position Canada shall occupy in the honorable and honored competition in which so many are and will be engaged. The future of the medical profession in this as in

any other country will largely depend upon the natural ability and the mental and moral training in childhood and youth of those entering its ranks; so that in considering any scheme for the creation of a high standard of medical qualification, domestic training and the plan of education pursued in public schools must be recognized as bearing an important part.

The efforts to establish and to maintain an efficient system of education in this country are worthy the highest commendation, but the task is a difficult one, and there is danger of enthusiastic legislators over-stepping the mark and making our sons and daughters mere receptacles of knowledge instead of creators of knowledge, by failing to recognize that it is vastly more important that a man should think and reason correctly than that he be the possessor of multitudes of facts and definitions. Physicians, with such questionable elementary training, are like the artificer well supplied with the tools of his craft but lacking the skill to use them. It is not to such that we may look hopefully for real progress in our science; they make up the great army of routine practitioners who trouble themselves little with profundities, and are like Dr. Sangrado, who felt quite sure that those of his patients who, under the care of his pupil Gil Blas, died from excessive bleeding and the copious drinking of warm water, did so because this his panacea was not applied with sufficient vigor and determination.

It is probable not incorrect to say that most medical men in Canada are of opinion that the chief defect in our school system lies in the oversight here referred to. The curriculum for medical matriculants in Canada must create a higher average intellectually among young men aspiring to the profession, but there can be no doubt that a widening of the curriculum so as to embrace a more extensive knowledge of the natural sciences would greatly facilitate the acquisition of knowledge presented to, and required of, medical students. An acquaintance with the laws relating to climatology would serve a useful end in the study of epidemic and endemic diseases, and in an estimate of the influence of climate on disease in general; an acquaintance with minute organisms and histological structures, such as could be readily acquired in any high school provided with a microscope, would prepare the mental soil for the reception and

quick germination of the seeds of knowledge sown by teachers of physiology and kindred subjects in medical schools. The medical student who learns something of biology, of cells and germs, and of bacterial life only after he has entered upon his course of medical lectures, is at a great disadvantage and loses much time in a bewildering effort to master names and technicalities, and I can conceive of no more irksome task for a teacher than to lecture to a class of young men laboring under this disadvantage.

He next referred to the brilliancy of the discoveries in medical science within the past fifty years. Physiology, pathology, the etiology of disease, physiological medicine, preventive medicine, these are some of the fields laid open to the modern physician, and they leave no lack of opportunity for the exercise of ambition, skill, and philanthropy. Nearly all the European nations and the individual States of the neighboring Republic have shown their determination to participate in the honorable achievements in medicine thus rendered possible in the near future. Schools for the pursuit of original investigation have been liberally endowed by these governments, and this liberality has been supplemented by the wise and princely donations of private individuals. Sanderson and Klein, Koch and Pasteur, our own Osler, and many others scarcely less distinguished, are devoting their lives with indefatigable zeal to the elucidation of scientific questions upon which rests the superstructure of medical practice, and they are enabled to do so only through the liberality of the various governments under which they live. Research of this kind can only be carried on successfully by men naturally adapted to such work, and who are free from the care and anxiety inseparable from the lives of those engaged in the active practice of their profession. Hence the absolute necessity for the endowment of institutions of this character. The large expenditure necessary to the equipment of a laboratory for such work has greatly retarded it in Canada, and until means are provided we must be content to occupy an insignificant place in the great race now being run. Can it be that this country or its wealthy citizens will remain indifferent in this matter, while our nearest neighbor is lavishing millions of dollars to attain honorable eminence in the progress of medical science? Scarcely a State in the Union

that has not its well endowed university, and the princely gifts of Cornell, of John Hopkins, of Mr. Stanford, of Mr. Vanderbilt and of Sir Donald A. Smith are the great beginning of greater things. Who can estimate the blessings to the human race that must arise from the wise munificence of these noble men! Millions yet unborn shall speak their names with feelings of reverence and love, nor will other monuments be needed to make their names immortal. In this connection, I would suggest that a committee of this Association be appointed, to report at the next annual meeting upon the best means of establishing one or more laboratories where original investigation in medical studies may be carried on.

Medical Societies constitute a most important factor in the advancement of medical knowledge, and it is much to be regretted that they are not everywhere established. It is safe to say that the maintenance of active local societies contributes immensely to the knowledge of their members by encouraging careful observations in private practice, and more extensive reading and research. Aside from a scientific point of view, the harmony engendered by these meetings eliminates much of the jealousy and misunderstanding that are so humiliating and so subversive of individual happiness and public respect. The general organization of small local societies would be a sure means of improving the representation at the larger ones, and would secure to them papers and discussions of a higher character. Provision has been made in Ontario by the Medical Act for the formation of territorial associations in the different electoral divisions, and in some of them most prosperous societies have existed for many years, and the reports of their proceedings constitute valuable additions to medical literature.

Of all the means of medical progress, few could be more advantageously utilized than the accumulated experience of men in private practice if they could be induced generally to keep a systematic record of their more important cases. Time, skill, and the privilege of post-mortem examinations are essential to the successful recording of cases, and their absence is doubtless the chief cause of the neglect so universal in this matter. Time so consumed would be more than repaid by the increased skill acquired; the high standard of qualification now required of graduates should remove the

second difficulty ; and if requests for autopsies were made in all cases necessary to verify a diagnosis or to elucidate an obscurity, the prejudice now existing against them in the public mind would, to a great degree, disappear. Let rural practitioners who underrate their opportunities of contributing to the general fund of medical knowledge, remember that Jenner, McDowell, and Koch were not metropolitan physicians, and were unknown to fame until their great discoveries, wrought out by diligent study and observation, placed them among the great benefactors of mankind. Observation and reflection are the parents of discovery, and never fail to produce their offspring, although the gestation may be long and the labor hard. Every truth so revealed is like a lantern, the light of which may be turned on the dark places of our field of investigation, and new truths stand clear to our mental vision, and we walk boldly and safely on, using each new thought to illumine the obscurity that surrounds and preceeds it.

The building up of a science is a slow and laborious process, and facts must be supplied by a multitude of workers. The scholar who deciphers the cuneiform inscriptions of ancient Babylon or the hieroglyphics of Egypt, and contributes to our knowledge of these nations, must be aided and preceded in his work by the archæologist who discovers, and the laborer who unearths, these imperishable records of past events. So in the building up of medical science, the humblest worker is not to be despised, for his contributions may be and often are essential ; but to be available, his thoughts and observations must be recorded, that they may be weighed and winnowed by those suited to the task. All who have read the lectures of Murchison on "Functional Diseases of the Liver," of Roberts on "The Digestive Ferments," or Osler on "Malignant Endocarditis," must be impressed by the great impetus given to practical medicine by these, and will need no arguments to convince them of the desirability of the endowment of similar lectureships here. From a literary and scientific standpoint, the advantages accruing to the profession from such lectures would be important, but of even more importance would be the encouragement afforded to the more gifted and aspiring of our own Canadian physicians and surgeons. As Canadians we may feel proud of our country

and of its physical and political excellencies, but we may rest assured that, so far as we medical men are concerned, others will estimate us by the reasonable and practical standard of our contributions to medical knowledge and by our scientific attainments. No conservative clinging to obsolete methods on the one hand, or the multiplication of weak meretricious literature on the other, can impose upon the learned in the professional world, and the sooner we create strong incentives to scientific work the sooner will the workers be forthcoming. I would here offer the suggestion that this Association take into consideration the establishment of lectureships similar to those in England and other older countries.

He concluded his most eloquent address in the following terms. In the not-distant future this Dominion will be the home of fifty millions of people with all the wealth and all the greatness that implies ; a thought that may well inspire us with feelings of pride and satisfaction ; but the wise man will not be so much impressed by the vastness of our territory, the multitude of our people, or the size and wealth of our cities, but will be more concerned in the problem of the social advancement, the civil liberty, the physical perfection, the scientific status and the moral rectitude of our teeming population. When that time comes may the science of medicine have contributed its share towards the creation of a people unsurpassed for physical perfection and mental sprightliness and for all those virtues that are born of these. Should these hopes be realized, then indeed would happiness prevail and prosperity sit as a ruling genius on the brow of every hill, the bosom of every lake and the bank of every stream ; and the application to our country of the language of one of England's greatest poets would scarcely be considered hyperbolic, when he says :

"All crimes shall cease and ancient fraud shall fail,
Returning Justice lift aloft her scale,
Peace o'er the world her olive wand extend,
And white-robed Innocence from heaven descend."

EFFECTUAL TREATMENT OF HYSTERIA*

BY DR. MARK CHAUMONT.

Much has been said concerning hysteria for many years. Some describe it as a physical manifestation of little consequence ; others attach great import

* Translated from the *Gazette des Hopitaux*.

ance to it as a phenomenon of the intellectual order. Some go even so far as to suggest things most *outré* of those patients capable of being hypnotized, and who on awaking, execute faithfully the orders given. Hysteria, in short, expounded by some magnetizer, ignorant of medicine and conducted in fashionable drawing rooms, is paraded among the lower orders of society before interloping and dull amateurs. We do not hesitate to say that these things are sad enough. For us, a convulsion of hysteria is a serious malady, and we place a just estimation on the means of curing it. As for making it an amusing puppet, bearing the sign and life of a nervous affection, we regard it as most reprehensible.

Seeing that so little is said of the therapeutics of hysteria, I feel it incumbent on me to refer in a few words to some happy results in my private practice. As physician to a manufactory employing a very considerable number of women, I have seen much hysteria, and have come to the conclusion that it is a much more serious affection than is generally believed. In a certain number of patients, I commence at first by giving attention to the general condition. To this effect I prescribe cod-liver oil, bitterwort, iron, quinine, beer, cold baths, etc. Having thus prepared the way for special treatment, I administer, if the attacks of hysteria appear frequently, three teaspoonfuls of Henry Mure's syrup in a little water, after each meal, during a month. The crisis is arrested; the patient is less nervous, more calm, better disposed, and performs her work with animation. I take advantage of this improvement to suspend the medicine and prescribe exercise, order milk in the way of diet, and to carry out certain recommendations appropriate to the condition, situation and idiosyncrasies of the patient. At the end of a month or six weeks and sometimes two months, unless an attack of hysteria should occur in the interval, I resume as before the use of the syrup in the same doses, during a month (menstrual period included); then I discontinue it one, two or three months, in the meantime supporting the general system by appropriate nourishment, and ordering, according to the case or the season, cold water, sulphur, or alkaline baths, and dry friction of the body morning and evening. I repeat this regimen in the same manner several times, and, most generally, the attacks of hysteria will have entirely disappeared at the end of a year or

eighteen months. Of course these patients remain exposed to worries, irritabilities, vexations, passing jealous manifestations, restraint of rules, atmospheric influences, etc., but the attacks do not show themselves, or appear very rarely. The remedy, moreover, is so highly regarded, that the women themselves, when they feel *ennerved*, as they express it, prescribe it and take it until they feel relieved.

Why has Henry Mure's syrup, which has been attended with such immense success in the treatment of epilepsy in Europe and America, not been placed at the head of anti-hysterical medicines? It succeeds, I affirm, in nine-tenths of the cases, except when given in relatively weak and intermittent doses. Whilst this remedy, so efficacious, has only determined the cure of a great number of epileptics by the aid of large and long continued doses, it does not follow, on the contrary, that good results may be obtained in hysteria by means of a lesser dose and a usage not continued. This, I believe, has never been said, which is a matter of considerable practical importance.

The association of different bromides among themselves and the combinations of certain therapeutic agents with the bromide of potassium, fail in their effects constantly. The bromide of potassium, moreover, is very rarely obtained pure. That which justifies the esteem of Henry Mure's syrup, is, that physicians all over the country know that the medicine contains a bromide exceptionally pure; that each teaspoonful represents exactly 50 centigrammes of salt, and that this preparation, applied to the treatment of nervous convulsions, has performed everywhere the most successful cures. There is nothing so successful as success. Henry Mure's syrup may be obtained in all good pharmacies and from the manufacturer, M. Henry Mure, pharmacist, Pont St. Esprit (Gard.), France.

Correspondence.

To the Editor of THE CANADA LANCET.

SIR—In this neighborhood we have not escaped the "bane of society and curse of the profession," viz.: the "Quack." We have one who has flourished in our midst for several years, and who not content with being allowed to practice undisturbed seeks on every occasion to establish a practice for himself by assailing and libelling the reputation of

the legitimate practitioner, and by imposing upon the credulity of the people. Already has he been before the courts where a letter was produced in his own handwriting in which he offered the medical registrar of the Province the sum of two hundred dollars as a bribe to grant him a license; but he reckoned without his host. The offer was rejected with scorn as became an honourable gentleman and practitioner. On that occasion he was fined twenty-five dollars, but this has not checked his illegitimate practice, and he is now more cheeky than ever. But what do the members of our profession think of the action of one of our old practitioners, who was instrumental in securing the passing of the Medical Act for the protection of the public and the profession in consulting with this same quack. Is it not surprising that the worthy Doctor should so far forget his duty to himself and his profession as to so demean himself in this manner? Had he done such a thing where he came from in Ontario he would have been severally censured by his medical brethren; but probably he imagines the dignity of the profession is not of much importance in Manitoba.

Yours, etc.,

MEDICO.

Minnedosa, Aug. 3, 1886.

Reports of Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

The regular monthly meeting was held on the 13th September—Dr. Stark, President, in the chair.

Dr. H. S. Griffin exhibited a specimen of cancer of the stomach from a negro woman about 65 or 70 years of age. Had six or eight children, all of whom are dead. When Dr. Griffin first saw the patient she complained of constant and troublesome spitting of water, which also escaped from the mouth during sleep; there was also regurgitation of fluids after drinking. Had been losing flesh rapidly. At one time raised about a pint of pus. *Post-mortem* revealed general thickening of the walls of the stomach. There was narrowing of the œsophagus near the cardiac orifice of the stomach. The only other abnormal condition found was some fibroid tumors of the uterus.

Dr. Mullin related a case of a woman who had been ill for two or three years. On making an examination, found two or three lumps in the

right iliac region extending upwards, about twice as large as the thumb, and moveable, sometimes disappeared altogether. *Post-mortem*.—Stomach dilated, walls very thin, greater curvature reached as far as the umbilicus. There was much thickening of the pyloric orifice, the opening being only large enough to admit a small catheter. No evidence of secondary deposit in any other organ. The descending colon had a mesocolon fully six inches in length, and the bowel was loose and floating, a condition which would have rendered the operation of colotomy difficult if not dangerous. The uterus was exhibited, the right ovary was normal, the left contained the remains of a cyst which had collapsed. A band extended from the omentum near the transverse colon, about the situation of the pyloric orifice of the stomach, looped around the head of the ascending colon and cæcum, and passed over to the left ovary where it was attached, forming nearly a half circle. The tumors mentioned above were supposed to have been formed by this band, retaining feces in the intestines at times, being moveable and then disappearing as stated above.

A committee consisting of Drs. Malloch, Mullin, Macdonald, White, Leslie and Griffin was appointed to report on the pollution of the waters of the Bay by sewage, and the best remedy for the evil.

DOMINION MEDICAL ASSOCIATION.

(Continued from last month.)

SURGICAL SECTION.

Aug. 18th.

Dr. Desjardins, of Montreal, read a paper on "Keratotomy as a means of Diagnosis in Astigmatism." After defining the term astigmatism, he said that errors of refraction affect the vision injuriously, although the optic nerve be healthy. It was formerly supposed that the fault was in the lens, but it is now known to be due (as was first pointed out by Donders) to the curves of the cornea. The lens, according to later investigators, partakes of the same deformities as the cornea. Accommodation is not without influence on refraction.

Dr. Jas. Bell, of Montreal, read a paper on "Tracheotomy in Membranous Laryngitis," in which he advocated dispensing with the tube in the after-treatment of tracheotomy. He preferred late to early operations in membranous laryngitis for the following reasons, viz.: (1) If patient were operated on early, many would be operated on unnecessarily; (2) Extension of membrane takes place more rapidly after tracheotomy; (3) If the obstruction is not rapidly produced, membrane is separated and expelled. The recoveries after early operations were 25-33 per cent.; after late opera-

tions, 5-10 per cent. After discussing the subject as to whether diphtheria is or is not primarily a local disease, he gave his reasons for not liking the tube in tracheotomy: (1) The tube never accurately fits; (2) When the tube is in place, the incisions into the trachea cannot be kept under observation; (3) Occasionally the tube from not being in the middle line, and being left too long in the trachea, ulcerates through, and an artery may be opened; (4) When the tube is in the trachea, there is difficulty in expelling through it pieces of membrane; (5) The tube causes sometimes exuberant granulations and warty growths. In place of the tube Dr. Bell has devised an instrument which he thinks does away with the objections to the tube. It consists of a pair of "clips," which catch the edge of the trachea and hold it apart. They are held in position by a tape which goes round the neck. He had experimented with the clips on a number of dogs, and found that they held well and no ill results followed.

In the after-treatment of cases in which the "clips" are used, he withdraws the mucus, etc., from the trachea by means of a glass pipette. After operation he plugs the trachea or larynx above the wound with antiseptic sponge; this absorbs the discharges and helps to localize the membrane. Over the wound he keeps a piece of gauze and he occasionally introduces vaseline into the trachea. When the tube is used, after two or three days the breathing becomes dry, and the end of the tube becomes coated with inspissated mucus; below this, in the trachea, is a cone of dried exudation, which helps to block up the passage.

Dr. Bell gave the histories of two cases of diphtheria in which he had operated and used his "clips." One case died, and the other—aged twenty-five months—recovered. In nine cases of tracheotomy in which he had used the tube, all, with one exception, died.

Dr. A. L. Smith believes that the "clip," introduced by Dr. Bell, will prove of the greatest possible benefit and will in all probability reduce the mortality after the operation.

Dr. Kerr did not think that tracheotomy is a good operation, and had seen most desperate cases recover without it. If Dr. Bell's treatment without a tube reduced the mortality, it would be a great gain. His last tracheotomy case lived three weeks and died of paralysis, so that it is not always the extension of the membrane that kills after tracheotomy, and the best after-treatment will fail to produce a good result. He was very doubtful about the good that would result from plugging the trachea above the wound.

Dr. F. J. Shepherd said that he had performed tracheotomy a number of times both in hospital and private practice. His first ten or a dozen cases were all fatal, but during the last two and a

half years he had performed tracheotomy in private practice sixteen times, and had had five recoveries. In hospital practice his results were not so good. He thought that the kind of instruments used did matter much; it was important that the wound should be kept aseptic. He removed the tube as early as possible, never later than the fifth day, in one successful case he removed the tube on the third day; they were all cases of diphtheria. Dr. Shepherd believed that after operation it was useful to have a warm room (75°-80° F.), and that the atmosphere should be saturated with moisture. He always used a croup or closed bed, and the steam of the kettle was conveyed into it by a huge spout. The inner tube was removed every hour and the outer one on the second day; lime-water was occasionally dropped into the tube. He thought that the tube favored expulsion of membrane.

Dr. Russell was formerly opposed to tracheotomy but now thought early operation advisable; if the operation did not cure, it always relieved. He had performed tracheotomy six times with two recoveries. He thought Dr. Bell's instrument a very ingenious one, and likely to prove very useful.

Dr. Fenwick, of Montreal, said that he preferred the high to the low operation. Dr. Bell's instrument appeared to answer very well.

Dr. Fenwick, of Montreal, read a paper on "Treatment of Tuberculous Glands of the Neck." He believed that scrofulous glands are intimately connected with tubercle. After giving a sketch of the history of tubercle and Koch's discovery of the tubercle bacillus, he said that there must be some predisposing condition in the individual so that he can contract tubercle—the proper soil must be present. The glands of the neck are specially liable to infection, especially the submaxillary and those over the large vessels. Enlargement is rarely single and occurs generally at first on one side of the neck only. In scrofulous enlargement of the glands of the neck the author strongly advised early removal of enlarged glands. After removal the general health of the individual improves; if they are left, the patient runs the risk of general tuberculosis, and if he recovers it is with impaired health and a number of disfiguring scars on the neck.

Dr. Kerr, of Winnipeg, was not satisfied with the results of operations and did not now operate so often as formerly; he found the operation not only very tedious but difficult and dangerous, and the results were not always so good as represented.

Dr. Shepherd, of Montreal, confessed that the results of operation were not always so perfect as were described by the enthusiastic advocates of the operation, but in many cases the results are entirely satisfactory. After incising the deep fascia, he prefers removing the glands with the fingers, with an occasional cut with a knife. He

has never had any accident attending the operation. Although he has had no experience with Treves's cautery puncture, he does not think it suitable for glands deeply placed. In sinuses and scrofulous ulcers, he has had most excellent results from scraping out the parts with Volkmann's spoon.

Dr. Trenholme, of Montreal, read a paper on "Some Details of Uterine and Ovarian Operations." After describing the usual precautions that should be taken regarding the cleanliness of hands, sponges and instruments, he said that he prefers No. 1-20 shoemakers' thread to any other form of ligature. Before use the thread should be immersed for twenty-four hours in pure carbolic acid, and not put into water at all. In closing the abdominal wound, he uses silver wire for the deep sutures and horsehair for the superficial. He laid great stress on the importance of not enclosing any muscular tissue in the suture. He advised short incisions of two or two and a half inches. Muscle should never be cut in the incision, as it gave great trouble afterwards. The pedicle of the tumor should be ligated in small segments, and the large vessels should be ligatured separately and the ligature cut short. The cavity of the abdomen should be thoroughly cleansed with sponges, and drained when necessary. He allows his patient after the operation to move freely in bed; this favors the reposition of the bowels. In uterine fibroids, when large, he always divides the mass in the median line, then each half is enucleated. The stump should be cut in shape of a V, and the edges brought together with a running suture and quilted with the shoemakers' stitch. He has found linseed-tea enemata of great service after operation; fomentations to the abdomen were also very beneficial. No after medicinal treatment is needed, except when there is vomiting; in this he has found sipping hot water useful, and also ipecacuanha in homœopathic doses. He uses the third dilution.

Dr. Macfarlane, of Toronto, would have liked to hear Dr. Trenholme say more about dietetics. In his operation he had found vomiting to be a very troublesome complication; warm water with a flavoring of brandy he had found of great services in these cases, also frequent small doses of Epsom salts as recommended by Lawson Tait. He never gave any medicine at all when there was any threatening of peritoneal trouble. He never used drainage unless the adhesions were extensive.

Dr. Kerr would like to know why Dr. Trenholme objected to including muscle in his sutures.

Dr. Shepherd, of Montreal, did not understand why an abdominal wound should heal so differently from wounds in other parts. So far as he himself was concerned, in performing abdominal section he treated his incision as an ordinary wound. He used silk or catgut sutures, and passed them through the whole thickness of the wall of the

abdomen; union invariably took place by first intention.

Dr. Fenwick agreed with the remarks of the last speaker. He always used silk sutures, and objected to horsehair, because knots made in it did not hold well. In treating the pedicle he first clamped it, and then tied all the large vessels; afterward, he tied the pedicle with the Staffordshire knot and removed the clamp. He had used hot water occasionally to cleanse the abdomen.

Dr. Trenholme, in reply, said he spoke of interstitial fibroids. He formed the pedicle out of the labial borders of the uterus in such a way that he left the broad ligaments to sustain the pelvic viscera. He used the shoemaker's stitch to secure primary union. With regard to the external wound, he thought that the conditions found in the abdominal cavity existed nowhere else. It is of the greatest importance to secure primary union so that there shall be no subsequent hernia. For vomiting he used hot water over the wound, and ipecac in minute doses. In preparing the patient he avoided purgatives as much as possible. In cold he weather kept the extremities of the patient wrapped up in cotton-wool.

Dr. Shepherd, of Montreal, next read a paper on "Excision of the Tarsus in Tuberculous Disease of the Bone." He remarked that in cases of tuberculous and carious disease of the bones the necessity for amputation is not immediate, and it is the duty of the surgeon to endeavor first to remove the local disease before sacrificing the foot. The reader of the paper illustrated this principle by giving the histories of several cases. In one case, where there was disease of both feet, he removed on the right foot the cuneiform, scaphoid, cuboid, and bases of the metatarsal bones, and on the left, the lower end of the tibia, astragalus, part of the os calcis, the scaphoid, and cuboid. The result was excellent, and the patient, a girl aged seventeen, was able to walk about comfortably. In children amputation is hardly ever required.

Dr. Macfarlane believed this is the proper method of treatment and should be extended to caries of the spine. In dressing the wound left after excising tarsal bones he never stuffed the wounds with anything, but placed the foot in a good position and left the rest to nature.

Dr. Kerr, of Winnipeg, said that patients, after operation, should not be allowed to walk about too soon, as they are apt to have a splay foot.

Dr. Fenwick said he could mention a number of cases in which he had resected the tarsus with the happiest results. He related the case of a gentleman (a medical man) who had been wounded at the battle of Alma, and had carried the bullet in his heel for nearly thirty years. The os calcis was trephined, and the bullet removed, with result of a rapid closure of the cavity and a useful foot.

Dr. Kerr, of Winnipeg, read a paper on the

"Evacuation of an Abdominal Hydatid Cyst." The patient was an Iclander, who came into the Winnipeg Hospital last winter, with a large abdominal tumor. From the history, and as the result of exploratory puncture, the attending physician, Dr. Whiteford, made the diagnosis of hydatid cyst, and handed the case over to Dr. Kerr for operation. The operation was performed in two stages, as recommended by Volkmann. A cut was first made down to the growth, and six days after it was incised. To open the cyst he had to cut through two inches of the liver. The cyst was then emptied and washed out with a solution of iodide. The patient did well, and went home in two months. He remarked that these are rare cases. Up to 1880, only 155 cases have been reported. This is the second case that has been seen in the University Hospital. The other patient was operated on, but died on the table.

August 19th.

Dr. Kerr reported two cases of "Gunshot Wound of the Hip-joint."

Dr. Buller, of Montreal, read a paper on "The Treatment of Acute Purulent Ophthalmia."

Dr. Shepherd, of Montreal, read notes of a case of "Ainhum."

Dr. Fenwick, of Montreal, reported a case of "Amputation at the Shoulder-joint for Myeloid-sarcoma of the Arm."

Dr. A. Laphorn-Smith read a paper on "Alexander's Operation, and the Treatment of Displacement of the Uterus." After describing the operation minutely, and also giving a discourse on the anatomy of the parts, Dr. Smith went on to say that the round ligaments are really muscles, and are not in a state of tension except during coition. They are the homologues of the cremaster muscle in the male. Dr. Smith considered that the risks of the operation are great, and that it is not a justifiable one except in extreme cases, and when performed did not permanently cure displacements of the uterus. He prophesied that it would soon fall into disuse. The author said that displacements of the womb could be corrected by lessening congestion, by keeping the liver clear, and the lower bowel empty. The paper was illustrated by diagrams and tables.

Dr. Trenholme agreed with Dr. Smith that the operation was one that would soon be known only in history.

Dr. Shepherd had frequently dissected the round ligament, and had performed operations on the dead subject. The uterus could be easily elevated by pulling on the ligaments. He did not think the fact that a few muscular fibres had been found on the ligament proves that it is now in active use as a muscle; it is, rather, a fetal remnant of the ligament of the Wolffian body, and the homologue of the gubernaculum testis of the male.

Dr. Ahern, of Quebec, said that the round ligament is frequently abnormal, and that at its insertion it is often much atrophied. In cases where the uterus is fixed, tightening it will not correct displacements.

The section then adjourned.

A General Meeting of the Association took place at 2 o'clock, Dr. Canniff in the chair, as the President was absent.

Dr. McEachren, the Principal of the Veterinary College, gave an address on "The Pleuro-pneumonia of Cattle," which was illustrated by pathological specimens. The principal difference between pleuro-pneumonia in cattle and that of man is that in the former the disease is first, and essentially, an inflammation of the inter-lobular connective tissue; the alveoli are only secondarily affected.

Votes of thanks were then given to the authorities of the Laval University for the use of the building, and to the railroad and steamboat companies for the courtesy shown by them to the Association.

The Association then adjourned.

Selected Articles.

OPHTHALMIA NEONATORUM.

Dr. J. E. Weeks writes, in the *Medical Record*, on ophthalmia neonatorum, that the plan of treating this affection he has found most rational is as follows, for the careful carrying out of which a trained nurse or a careful attendant is essential:

If only one eye is attacked, the well eye must be carefully guarded against the possibility of infection from the diseased eye. This is done by cleansing both eyes frequently with absorbent cotton or clean sponges, and clean, cool water, weak solutions of sublimate, boracic acid, etc. Sealing the eye in infants is very unsatisfactory; it may be done with benefit in adults. *Constant* cold applications to the lids should be made. I find the following method most efficient: Pieces of linen, twelve or eighteen in number, are folded into three layers, so as to form squares of an inch and a half. These squares are dampened and spread on a cake of ice. The nurse in attendance changes the pieces of linen to and from the eye sufficiently often to have a cold piece *always* resting on the lids. These applications are kept up *constantly* until the swelling of the lids subsides, and until the discharge has almost entirely ceased, usually from three to seven days. The plan of making the cold applications at intervals of two or more hours is certainly not advisable in these cases, as the temperature of the lids rises as soon as the cold is removed, and the development of any living germ in the tissue of the conjunctiva is resumed. I have witnessed the increase of inflam-

matory action in cases of this kind when the intermittent plan was followed. The secretion is removed from the conjunctiva by careful washing with cold or cool water, a clean sponge or absorbent cotton, usually every twenty or thirty minutes—more or less frequently according as the secretion is more or less profuse.

In these conditions applications of a one to two-per-cent solution of nitrate of silver are made to the surface of the conjunctiva every morning and evening, care being taken not to make the solution sufficiently strong to cause an increase in the inflammation of the lids when it is applied. The applications are made in the following manner. The lids are everted, and the solution of silver is brushed upon the conjunctiva freely with a soft camel's hair brush. After the silver has remained in contact with the conjunctiva from fifteen to thirty seconds, it is washed off with a very weak solution of sodium chloride or simple water.

The above-mentioned applications may be made in all stages of the disease, without regard to the condition of the cornea. If corneal ulcers exist, one or two drops of a one-per-cent. solution of the sulphate of atropine should be instilled between the lids two or three times a day. I find that the gonococci are present so long as the purulent discharge continues.

If the above plan of treatment be carefully carried out, I am confident that no eye need be lost by any form of gonorrheal ophthalmia, if the treatment is commenced before the cornea becomes involved, and that corneal complications will be very rare. In nearly every case the progress of the disease will be arrested from the moment that treatment is begun. Canthotomy, Critchett's operation of a perpendicular incision through the middle of the upper lid, or scarification, I deem harmful and entirely unnecessary.

INGLUVIN.

A very learned name for a remedy is Ingluvin. It is the essential principle of the gizzard, and bears the same relation to poultry that pepsin does to the higher animals. The honor of its discovery and utilization, in its crude state, remotely dates with the Chinese gastronomer, as well as to the Caucasian chemist, in its refined condition. From time immemorial the inhabitants of the Celestial Empire have used the gizzard of chickens and ducks in nearly all made dishes. Their writers have recommended the practice as a sovereign treatment of dyspepsia, weak stomach and vomiting. A favorite prescription of Chinese physicians for chronic indigestion is to cut up and digest chicken gizzards in hot water until they are reduced to a pulp, and then add some spices. A tablespoonful or two of the resulting paste is taken at each meal until the patient has entirely

recovered. From China the practice passed to other parts of Asia, and was adopted here and there among the Mediterranean peoples. Strange to say it was never learned by the great nations of Europe until the latter part of the present century. On the other hand, the organic chemists of Europe discovered, about 1850, a powerful nitrogenous radical in the gizzard. Experiments thereafter showed it to possess many of the qualities of pepsin. These experiments led to its isolation. Numberless experiments have proven it to be a very valuable addition to therapeutics. Where pepsin refuses to act, and where, in severe cases it has even been rejected by the stomach, Ingluvin effected relief rapidly and with the greatest ease. In four recent cases of poisoning by root beer (Brooklyn, June, 1886), Dr. George Everson, Jr., a well known physician of that city, reports that after pepsin and all similar compounds had been rejected by the stomachs of his patients, Ingluvin stayed the retching and enabled them to retain and digest food. Dr. Lassing reports a similar experience in several cases of acute dyspepsia. *A priori*, it would seem as if Ingluvin should be more efficient and potent than pepsin in many cases of physical disorder. Our poultry are chiefly granivores and have no beak nor other buccal apparatus for crushing the hard grain and seeds on which they so largely feed. The food is swallowed when apprehended and passes directly into the crop or gizzard. This seems to act both mechanically and chemically. Its interior walls are covered by a dense, hard cutaneous membrane, surrounded by muscles of the most powerful type. Along with the food is always a small amount of sand and gravel. The organ acts apparently by bruising and cracking, rather than is commonly believed, by trituration. The motion of the ingluvial muscles is accompanied by a slow but continuous exudation, from the walls of the crop, of a strong organic fluid, of which Ingluvin is the chief constituent. The hull of the grain or the shell of the seed is broken by the pressure of the walls and the gravel and their interior is exposed to the chemical action of the ingluvin. By the time it reaches the stomach it is ready for the gastric juices. From this point on, digestion proceeds as with the higher animals. As the gallinaceæ have very small salivary glands, and as the fluids secreted by these resemble the secretion of the parotid rather than that of the sublingual and submaxillary glands of the human being, it would seem as if Ingluvin played a double part, exercising the functions of the ptyalin of the saliva as well as the pepsin of the stomach. Ingluvin is prepared by the far-seeing chemists, Wm. R. Warner & Co., of Philadelphia. It is made from selected gizzards, and is so carefully extracted as to be free from all foreign organic bodies. It is already known and appreciated by the medical

profession. The AMERICAN ANALYST bespeaks for it the same appreciation by its readers. We extract the following :

Prof. Roberts Bartholow, M. A., M. D., LL. D., in his late work on "Materia Medica and Therapeutics," says:—INGLUVIN. This is a preparation from the gizzard of the domestic chicken—*ventriculus callosus gallinaceus*. Dose, gr. v.—℞j.

Ingluvin has the remarkable property of arresting certain kinds of vomiting—notably the vomiting of pregnancy. It is a stomach tonic, and relieves indigestion, flatulence and dyspepsia. The author's experience is confirmatory of the statements which have been put forth regarding the exceptional power of this agent to arrest the vomiting of pregnancy. It can be administered in inflammatory conditions of the mucous membrane, as it has no irritant effect. Under ordinary circumstances, and when the object of its administration is to promote the digestive function, it should be administered after meals. When the object is to arrest the vomiting of pregnancy, it should be given before meals.—*From the American Analyst, August 1st, 1886.*

HYDRONAPHTHOL.—Dr. Justus Wolff asserts that E. Merck's statement that betanaphthol and hydronaphthol are identical is a mistake, which may result in the most serious consequences if betanaphthol be used instead of hydronaphthol, "as the first one is a most dangerous and deadly poison whilst the latter is an excellent absolutely reliable and harmless antiseptic." The poisonous character of betanaphthol has been established a long time ago by such authorities as Kaposi, Neisser and Piffard, and lately by Max Schwarz, while Dr. G. R. Fowler, Dr. Lawrence Wolff and many others, have proved hydronaphthol to be non-poisonous, and a most effective antiseptic. Hydronaphthol is distinguished from batanaphthol not only by its physiological action but also by distinct chemical reactions and by its chemical constitution, as it possesses certainly more hydrogen in the molecule than betanaphthol. Of the several distinguishing chemical reactions the following may be given as an example: If from a diluted iron-perchloride solution two drops are added to an alcoholic betanaphthol solution it becomes of a bright green color, whilst the same proportion of an alcoholic hydronaphthol solution of the same strength becomes dark yellowish brown by addition of the same proportion of iron-perchloride solution. Other reactions are also different and the melting points obtained by most careful determinations are for hydronaphthol 117° C., and for betanaphthol 122° C. These and other facts satisfy the author that hydronaphthol is distinct from the poisonous compound which is known as betanaphthol and that it is not alphanaphthol nor a mixture of the two last named and does not contain any of either.—*Druggist's Circular.*

THE TREATMENT OF GLEET.—In an address before the Medical Society of the County of Albany, Dr. O. D. Ball described a method of treatment employed by him successfully in a number of cases of chronic specific urethritis (*Albany Med. Annals* June, 1886). He employs an ointment composed of oxide of zinc, three drachms; lard three drachms; cerate, two drachms. The application is made by means of an olive-pointed bougie. The constricted portion of the bougie is filled out evenly and as smoothly as possible with the full calibre of the instrument. The bougie should be carried down to the prostatic portion of the urethra as rapidly as possible, and then, after being rotated in both directions, slightly withdrawn and pushed back again, in the hope that some of the ointment will be forced into the swollen mouths of the seminal and prostatic ducts. In the same manner the remaining portion of the urethra should be treated, giving plenty of time for the ointment to be melted and left in contact with the diseased membrane. The patient should have emptied his bladder previous to the application, and should be instructed to refrain from doing so again as long as possible. The applications should be made at least twice a day—in the morning and the last thing before retiring. The instrument should not be too large, but of just sufficient size to smooth out the folds of mucous membrane. For instance, when the penis measures three and a half inches in circumference, a No 20 French will about answer the purpose. The average time of treatment of all the cases was a little over four weeks. The longest any one case was under treatment was eight weeks; the shortest was ten days, except in one case where the patient never saw any discharge after the first application was made.

CONGENITAL MALFORMATION OF THE INTESTINES.—Dr. Owen Pritchard reports the following case in *The Lancet* of May 15, 1886: The child (a female) looked quite healthy at birth, except that the abdomen was unusually distended, and on his visit in the evening the nurse drew Dr. Pritchard's attention to the large size of the abdomen, and stated that the child had been very sick. A teaspoonful of castor-oil was ordered, but at the next visit it was found that it had not operated, and that the sickness was getting much worse, the vomit becoming black and offensive. An injection was tried, but it succeeded in bringing away only a few very small lumps of feces. The vomiting became more and more severe, and the child died at the end of a little over four days. At the post-mortem examination the stomach was found normal, and the small intestine for about three feet was also normal, but here it ended in a blind extremity which was greatly distended. Then, quite separate from all this, and not attached to it in any way, were coils of very small intestine several

feet in length, and not measuring more than a sixth or an eighth of an inch in diameter. This passed on into the right iliac fossa, and there forming the ileo-cæcal valve, it continued in the course of the large intestine on to the rectum, its diameter in any part of its course not measuring more than a sixth of an inch.

SULPHATE OF SPARTEINE AS A DYNAMIC MEDICAMENT AND REGULATOR OF THE HEART.—M. Germain Sée reports three constant effects as resulting in his experience from the use of this medicament.

1. The strengthening of the heart and pulse, more persistently and effectually than *digitalis* and *convallaria*.

2. The immediate regulation of the disturbed heart rhythm, in which it is surpassed in efficacy by no other medicament.

3. The acceleration of the heart-stroke in cases of severe atony accompanied with excitement, similar to the action of *belladonna*. The influence manifests itself immediately after the exhibition of the remedy, and lasts for three or four days. During this time the general strength increases, and the breathing is essentially lightened more certainly than by iodide of potassium.

The agent seems not to exert any favorable influence upon the secretion of urine. It is especially indicated in cases of disease of the heart muscle.—*L'Union Medical*.

EXTENSION PULLEY.—The accompanying illustration depicts an extension pulley which I have had made, and which is used at the Cork Children's Hospital, to the exclusion of nearly all the old extension arrangements. By means of the



side screw it is easily attachable to any ordinary bedstead, and can be raised or lowered at pleasure, so that a pull can be had from any direction. Messrs. Arnold & Sons, West Smithfield, have arranged to manufacture these pulleys.—*Dr. N. Grattan in Lancet*.

MEDICAL NOTES.—

Prof. Bartholow directed, for a case of *chorea*, in a boy of twelve, extract *gelsemii* fluid, ℥iij ter die, and Fowler's solution, ℥iij ter die.

For the alleviation of *hepatic cancer*, Prof. Bartholow prescribes *syrupus mangani et ferri iodidi*, and minute doses of Donovan's solution. Patient is to avoid starchy, fatty and saccharine food.

Prof Brinton has, for many years, treated, with excellent results, *pruritus ani* with *teucrium scordium*, in gr. xv-xx doses, ter tie, in water. It is to be used for four or five days, until effects are produced.

At Prof. Da Costa's clinic recently was a very marked case of *hysteria*, the patient suffering from hyperæsthesia of the skin, trembling paralysis and "fits." Treatment: Strengthen patient's morale and encourage her; have her exercise short of fatigue; plenty of good food and rest in bed, and let her take *zinci valerianas*, gr. ij, ter die. In eleven days she returned practically cured.

Prof. Bartholow remarked, in regard to the treatment of a woman suffering with *epilepsy*, of both the *grand* and *petit* mal types, that regulation of the diet is a most important point of treatment; do not overload the stomach with anything, not even water; allow no saccharine and very little starchy food; meat in small amounts only once a day. For the convulsive phenomena, sodium bromide, ʒj morning and evening for the first week, then diminish one-half.

For *vertigo with deafness*, not true Ménière's disease, Prof. Bartholow advised at least five grains of quinine ter die, to be taken for one week and then suspended to ascertain the result.

For *acute rhinitis* in its incipient stages, of all the remedies tried by Dr. Sajous, the following has given the best results. In the doctors words, "It acts like magic":—

R. Morphine acetat., gr. iv.
Bismuthi subnit.,
Pulv. talc., āā 3j. M.
Fiant chartæ, xxx.

Sig.—Use as a snuff.

Dr. Sajous states that this will check a very bad cold, or coryza, sometimes with only one sniff of the powder.

Prof. Bartholow's treatment for a bad case of *melancholia*, with illusions of sight and sound, occurring in a lady æt. 49, was: Free purgation; to stimulate the circulation and the functions of the brain, tinct. opii deodorata, gtt. v, four or five times a day, also a moderate amount of alcohol given as a food and with the food; but great care must be taken to prevent the formation of the alcohol habit, which is easily done in such cases.

If possible the patient should have a change of air and circumstances; a sea voyage would be very beneficial; exercise and plenty of good nourishing diet must be carefully seen to and all sources of mental depression avoided.

At Prof Bartholow's clinic a man presented himself very deeply *jaundiced*; had been so for four weeks; previous to that had had quotidian intermittent; had dyed his hair for years; as the metals are excreted by the liver, that organ may have been damaged by the lead contained in the dye. For the jaundice, a mild saline cathartic is the best agent, such as *sodii phosphas*, 3 j, *ter die*. Keep the kidneys active, to get rid of the bile pigment in the blood. This patient will also take *quininæ sulph.*, gr. v. *ter die*. When the jaundice is removed, *potassium iodide*, for removing the lead from the system.—*Col. and Clin. Record*.

BROMIDE OF POTASSIUM AND LOTIONS OF ETHER FOR SUNSTROKE.—The purpose of this note at this time is to call attention to the great value of bromide of potassium in this affection by the mouth when it will be so taken, and by the rectum when the patient cannot be induced to swallow it. It brings about more speedily, in the gravest cases, the return of the patient to himself mentally, and averts the serious brain sequelæ immediate, and remote, of this always serious affection. The acute insanity of sunstroke much sooner subsides under its use than from the cold treatment alone, and the cold treatment ought to be suspended as soon as the patient comes to himself, appears drowsy, and feels chilly.

Many lives are lost, I am satisfied, and many preventable cases of chronic cerebral meningitis and insanity follow the neglect to use bromide of potassium freely during the active treatment stage, and moderately after the patient has recovered.

My plan is to give from sixty to one hundred and twenty grains during the first hour, and sixty grains every hour, or thirty grains every half-hour, largely diluted in peppermint-water; sulphuric ether freely to the head and spine and fanned away until six ounces are used; ice at the same time to arms, wrists, abdomen, over the heart, legs, etc., and, in extreme cases of comatose collapse, ice cold water into the bowels with ginger and capsicum, but ordinarily cold water with two hundred grains of bromide of potassium.

A recent violent case, July 5th, with maniacal delirium, fear of being murdered, and requiring six men to hold him down, was subdued, as all my previous cases have been, by the free use of bromide of potassium, ice and ether, passing into a tranquil sleep with soft and regular pulse and respiration within three hours after the beginning of the attack.

The man was a labourer, struck while at work in the street. He had drunk some that morning

and more the night before, but was not intoxicated. He was thirty years old, and married.

The patient took altogether two hundred and forty grains during the first twenty-four hours, and will take two hundred and forty more at the rate of ninety grains a day, before treatment is discontinued.

As we allowed some ginger-ale when he began to complain of being cold, and ice removed and dry clothes put on him.

The remote consequences of sunstroke are very serious in various chronic forms of head trouble, especially in insanity, and few persons who have once had a sunstroke can ever after tolerate heat. The chief and greatest value of the bromide of potassium treatment, at the time of the attack, is in averting these consequences.

Of course, atropine and iodide of potassium are not to be disparaged, and may be blended with the bromide treatment. And muriate of ammonia and aromatic spirits of ammonia may immediately follow it.—*Ex.*

TINNITUS AURIUM IN AFFECTIONS OF THE STOMACH.—Ménière's opinion here given is opposed to that of most otologists, that subjective noises in the ears are always premonitory of a diminution or loss of hearing. He believes that the tinnitus occurring in patients suffering from dyspepsia arises in the internal ear, and is of varied character, but the noises are never isochronous with the pulse. After examining a large number of cases, he comes to the conclusion that one may become deaf by way of the stomach. The diagnosis is rendered more exact by the absence of lesions of the external or middle ear. The tinnitus may appear before any of the symptoms of disease of the stomach, though it usually occurs during the second or third year of the gastric lesion. It generally affects but one ear, but it may affect both ears. The deafness is variable. The diminution or augmentation of the tinnitus usually follows the descending or ascending course of the dyspeptic lesion. Local treatment gives but barren results, though Ménière claims to have seen some good results from static electricity.—*N. Y. Med. Jour.*

CONSTIPATION.—There is always something to be learned about this exceedingly common and annoying complaint. Dr. Arthur V. Meigs recently related the histories of seven interesting cases before the College of Physicians, which teach several valuable lessons. They warn us never to diagnose an abdominal tumor until we have purged the patient. They teach us that constipation can cause a fever which the best of us may be misled into considering as typhoid. Again, as Dr. Da Costa said, constipation may cause a relapse in convalescence from low fevers, and he even says that in some of these cases there may be well-developed

typhoid fever symptoms with rash, due to constipation, which will disappear when the bowels are moved. So that, on the whole, it would seem to be very important to look carefully after our patients' bowels in all cases.—*Medical and Surgical Reporter*.

WONDERFUL OPERATION.—We learn by an account in a recent issue of the *N. Y. World* that another rare and wonderful operation has been performed with brilliant results. This time it was a very painful cancer, situated in the dangerous locality of the breast. The skilful surgeon at the hospital was willing, however, to take all risks to save the life of the patient. The incisions were carefully and judiciously made "in the direction of the fibres of the great pectoral muscle," the slightest deviation of the blade inviting death. The knife was carried "round the diseased mass in such a manner as to include *every part of it*, the lower incision being made first." The pectoral muscle was "thoroughly exposed by the removal of its fibrous envelope." "Strict antiseptic precautions" were observed, and, *mirabile dictu*, the wound "healed by first intention," without any increase in the temperature. All this shows what advances are constantly being made in our noble art by bold and skilful surgeons. We hope, however, that success will not make some of our operators too bold. Who will be the first one to tackle "a wen?"—*Med. Rec.*

MORPHIOMANIA IN FRANCE.—M. le Prof. Ball, the celebrated alienist of St. Anne, dedicated a special article in the *Journal de Médecine* to morphiomania, which is, according to him, assuming great proportions in France, especially amongst the gentler sex. The symptoms are very characteristic, but often the patient tries to put the medical attendant off the scent, and then some difficulty in the diagnosis is experienced, but if a close observation is made something unnatural in the conduct of the person will arouse suspicion. For instance, if he is in a meeting his face will become changed and downcast, and he takes no longer interest in what is passing around him; but if he gets an opportunity of absenting himself a few minutes he will return quite bright as before; for in that short interval he has given himself an injection. However, there are two sure signs which will betray the patient, no matter how he may try to conceal his habit, and those are to be found in the skin and in the urine. The skin will be found to be covered with little dark spots situated in the centre of little indurations about the size of a large shot. It is needless to add that these indurations are the result of the little wound of the needle, but as the lesions are generally found on the inside of the thighs the patient refuses to let them be seen, and in that case examination of the

urine will prove of great service. A few drops of the tincture of iron are put into the suspected liquid, and if morphia be present a blue tinge will be produced. The prognostic of morphiomania is not as fatal as is generally supposed, but there is danger, from the fact that the dose has to be continually increased, and in the end the cachexia becomes so pronounced that the patient falls an easy prey to tuberculosis. As to the treatment, M. Ball recommends a *brusque* suppression of the drug, provided the patient can be well watched, but in private practice he thought that it would be found necessary to proceed gradually. Preparations of belladonna might be employed to calm the irritation, or cocaine, but this latter remedy might prove to be as bad as the evil it was given to cure.—*The Med. Press*.

PRURITUS, ETC.—*Boro-Glyceride*.—I have found boro-glyceride a successful remedy in several cases of troublesome pruritus. In anal and pudendal itching, common in gouty and diabetic patients, it has afforded relief when other means have failed. It may be used diluted with water, one to three or four, or in severe cases pure. It is not commonly known that borax preparations are much more soothing and sedative to tender and abraded mucous surfaces than chlorate of potassium, which is, locally, somewhat of an irritant. Glycerine is itself a penetrating and sometimes an irritating application. The chemical compound boro-glyceride seems to be free from this objection, which is not the case with glycerinum boracis. In a case of sore tongue occurring in association with severe chronic pemphigus, glycerine of borax was found temporarily the more grateful of the two, keeping the mouth more moist than did equal parts of the boro-glyceride and water, but the latter seemed to have more healing effect. Honey of borax seems less irritating than the glycerine preparation. A lotion of boro-glyceride, two per cent. strength, was found of much value in a very obstinate case of cystitis, which yielded to no kind of treatment by diet and commonly approved drugs. My colleague, Mr. Marsh, at my request, began local treatment by washing out the bladder. There was great sensitiveness, and only two drachms of fluid could at first be tolerated in the viscus. This was gradually overcome by the preliminary use of a four per cent. solution of cocaine, and thus the bladder was regularly washed out, at first every two days, then daily, then twice daily. Great improvement resulted in about six weeks. This is probably the best method of treatment for such cases of cystitis as do not soon yield to ordinary means.—*St. Bartholomew's Hosp. Rep.*

HÆMOPTYSIS, PROFUSE.—*Treatment*.—At the Medical Society of London, on Dec. 14th, Dr. West read a paper on this subject, in which the

following principles were discussed. 1. Rest of the body generally and of the diseased part. Many of the indications under this heading were to be met by the use of opium. 2. Hemostatics: (a) Topical astringents; (b) vascular constrictants. Topical astringents could not be applied to the bleeding part of the lung, and if they acted at all it must be only as vascular constrictants. The belief as to the use of vascular constrictants in pulmonary hemorrhage was probably based upon an incorrect theory of the pathology, and reasons were adduced why they could not be expected to do good. Ergot was of doubtful value, for it constricted vessels smaller than those from which the hemorrhage came. The risk of death in profuse hæmoptysis was more from suffocation than mere loss of blood. Moreover, profuse hemorrhage tended to bring about of itself the conditions most favorable to its cessation. An attempt might be made to imitate these conditions in treatment. When a vessel was divided, hemorrhage ceased (1) from contraction of the vessel, and (2) from clotting of the blood, aided by the great fall of blood-pressure which severe hemorrhage induced. In hæmoptysis the vessel was so diseased that it could not contract at the diseased spot. There was no drug which by internal administration could increase the clotting power of the blood. The effect upon the blood-pressure could be imitated in various ways:—First, by free bloodletting from artery or vein. If bloodletting be inapplicable, the same end might be aimed at by detaining the blood in some part of the body other than the diseased part. This could be done by mechanical means, as by the use of Junod's boot, or by dilating some of the great vascular systems of the body and making them act as temporary reservoirs for the blood. The abdominal reservoir might be used temporarily by purgation; the cutaneous vessels by counter-irritation, or possibly by pilocarpine and nitrite of amyl; these drugs dilate the vessels throughout the whole body, and might possibly be of great service. The blood-pressure might be further influenced through the heart—by means of cardiac depressants, of which antimony is the most reliable; by nauseant emetics, of which ipecacuanha was much vaunted by Trousseau. Lastly, dieting was of great importance. The principle of absolute rest with a restricted diet, which is the essence of Tuffnell's treatment for aneurism of the thorax and abdomen, was equally applicable and useful in pulmonary hæmoptysis. Dr. Symes Thompson considered that in a great number of cases good resulted from free hemorrhage. He did not believe in the use of astringents, such as gallic acid, copper, and lead salts. Careful management with free purgation was far better treatment. Opium was useful when restlessness and excitement existed. Clinical experience went to show that even bleed-

ing from aneurisms in the pulmonary artery was controllable.—*Lancet*.

CARBOLIC TREATMENT OF HEMORRHOIDS.—The strength of the solution must be regulated by the nature of the case, and in my own practice varies from five per cent. to pure crystallized acid. In a large vascular, prolapsing tumor, which is well defined and somewhat pedunculated, five drops of pure acid may be used with the expectation of producing a circumscribed slough which will result in a radical cure. A thirty-three per cent. solution under the same conditions will probably produce consolidation and shrinkage without a slough, but the injections will have to be repeated several times. A small tumor, which protrudes but slightly, is not pedunculated, and can be seen and felt as a mere prominence on the mucous membrane, may be cured by a single injection of a five per cent. solution, which will cause it to become hard and decidedly reduce its size, while an injection of a fifty per cent. solution might make considerable trouble, the remedy being too powerful for the disease. Guided by this principle, some experience will soon determine the choice of the solution. There is no arbitrary rule which can be applied to every case. As in any other surgical operation, some cases will be more satisfactory than others, and an occasional accident must be expected; but, on the whole, it seems to be the best method of treatment yet devised.—*N. Y. Medical Journal*.

CATARRH.—*Treatment on a Neurotic Plan.*—My plan of treatment for the arrest of catarrh is as follows: I keep a strong solution of bromide (1 in 3) and a bottle of tincture of belladonna (B.P.). When I am conscious of having taken cold, I take two to three drachms of the bromide solution in a small glass of water—that is to say, 40 to 60 grains of bromide. I repeat this dose in six hours, and, if necessary, take a third dose at a similar interval. Meanwhile, as soon as a flux commences, I take twenty drops (equivalent to fifteen minims) of the tincture of belladonna in a little water every hour or two until the throat feels somewhat dry. The painting of the nasal mucous membrane with cocaine solution gives great relief, and powerfully contributes to the cure if the catarrh be severe. Since I hit upon this plan, I have never failed rapidly to arrest my own catarrhs, nor have I failed in any instance in which I have myself been able to superintend the administration of the remedies.—*Dr. Lees*.

WARM ETHER AS AN ANÆSTHETIC.—Dr. M. W. Hobbs writes in the *Cincinnati Lancet-Clinic* of May 8, 1886, concerning the advantage of warming ether previous to its administration in the production of anæsthesia. He uses a special form

of inhaler, in which the ether is warmed by being placed in a chamber surrounded by hot water, and the vapor is mixed with a certain proportion of air before being inhaled. He finds that anaesthesia is produced more rapidly and with the expenditure of less ether, than when the agent is used cold. He and Dr. Taylor have tried the method in upwards of thirty cases, and he writes that the patients not only came under the influence of the drug more readily, but they also recovered more rapidly and pleasantly from the anaesthesia, than patients generally do who have been brought under its influence in the ordinary way of administering ether cold.

MEDICAL CURE OF GLAUCOMA.—M. Panas recently submitted to the Paris Academy of Medicine a communication on the treatment of certain forms of glaucoma without operation. In the view of M. Panas, the myotics hitherto employed as palliatives may also play the roll of curative agents; but to obtain favorable results their use ought to be prolonged. They should, in preference, be employed in the form of collyria. The two formulas usually employed by M. Panas are a solution of one twenty-sixth of a grain of sulphate of eserine to the dram of water, or one twelfth of a grain of nitrate of pilocarpine. The collyrium of eserine is always to be placed in the first rank.—*Le Progrès Medical*.

ALCOHOLIC DELIRIUM AND RABIES.—Dr. Dujardin-Beaumetz (*Brit Med. Journal*) gives particulars of two supposed cases of rabies. In one case the patient had all the symptoms of alcoholic delirium, and tried to bite people; he had been bitten by a dog (not mad) 15 days before. He was cured in two days. Dr. Dujardin-Beaumetz said that he had never met with a person suffering from rabies who attempted to bite others, and he could confidently assert that this was a symptom of alcoholic delirium and not of rabies. The other case was admitted for rabies and tried to bite the male nurses; he was suffering from alcoholism as well as hydrophobia.

THE FUNCTION OF THE TONSILS.—Dr. R. Hingston Fox, in an interesting article on the Functions of the Tonsils in the twentieth volume of the *Journal of Anatomy and Physiology*, expresses the opinion that these glands belong to the digestive and not the respiratory tract, and that their function is to reabsorb certain constituents of the saliva in the intervals of meals which would otherwise be wasted. He thinks that the view of their having an absorbing function is further supported by the strong evidence of the power of the tonsils to absorb morbid poisons directly from the saliva.—*Lancet*.

RINGWORM.—Ringworm of the most obstinate character may, according to Dr. Saerlis, writing in the *Medicina Contemporanea* of Lisbon, be cured in ten days by cutting the hair from the affected spot, pouring turpentine on it, letting it run over the whole head, and rubbing well with the finger. After this has caused a smarting sensation for from three to five minutes, it is washed off with carbolated soap. Hot water is then used for washing the whole head, and the affected spots touched with dilute tincture of iodine or with a 2 per cent. solution of iodine and turpentine. This process is to be repeated once or twice a day.—*Lancet*.

ESERINE AND PILOCARPINE FOR GLAUCOMA.—It has been objected against eserine that it increases the intra-ocular pressure whilst contracting the pupil; pilocarpine, on the other hand, is said to lower the intra-ocular tension. These myotics have been set against one another in the treatment of some cases of glaucoma. Schlegel has made some experiments on the intra-ocular tension, and arrives at the conclusion that the alkaloid of jaborandi also increases the tension.—*Lancet*.

HYPODERMIC SOLUTION OF QUININE.—Where it is necessary to administer quinine subcutaneously, the following formula is recommended by Dr. S. Burt, as being as little irritating as possible:

R—Quinæ bisulphatis, 3j.
Acidi borici, gr. ij.
Morphinæ sulphatis, gr. ½.
Aquæ distillatæ, 3j.

SIG.—For hypodermic use. One drachm contains seven and a half grains of quinine.

THE *Hahnemannian Monthly* for July has an article on the Treatment of Moral Insanity; quite a number of drugs are mentioned, but the following appear to be the most important: for *kleptomania*, Ars.; for *cursing*, Nux.; for *inclination to murder*, Lach.; for *hatred of work*, Spongia, etc. We should think that Ars. and Nux., especially Ars., in pretty full doses, might be valuable in kleptomania and cursing. The external exhibition of Lach. in inclination to murder is of reputed value, but experiments made in Delaware scarcely prove it to be a specific. Spongia, either internally or externally, has not, in our experience, being of any permanent value in hatred of work, although we have seen many cases in which the external use of the remedy appeared to be strongly indicated. We note with pain that Hell. is recommended for mental derangement from alcoholic liquors.—*N. Y. Med. Abs.*

THEY are wonderful people out at St. Joseph, Mo. A writer to the *Medical Brief* says they have a fine boy there, whose mother, at his birth, was sixty-five, and father seventy-one years old!

THE CANADA LANCET.

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FAITH CURES.

Alleged Faith Cures have recently acquired some celebrity, through the medium of the press. Many are the wonderful recoveries from various incurable disorders, said to have been caused by faith and prayer. This system, if we may so term it without impiety, has obtained not a few disciples, and many converts, in the United States and Canada. Whether from its merits, or from its supernatural claims, is a question upon which there can be little doubt. The mystery surrounding those alleged cures, and the astonishing results claimed, challenge attention, and elicit wonder and admiration from the credulous and superstitious.

That the mental exerts no inconsiderable power over the physical, cannot be successfully disputed. The mind continually influences the various functions of the body. Nervous activity is hourly affected by the various thoughts, emotions, and conditions of the mind. Through this mental influence on the nervous system, physiological and pathological action is excited or depressed. Consequently, results are produced on the devotee, which, although strictly in accordance with physiological laws, are hailed as miraculous by many. That the faithful believe in every instance, that the universal laws of nature are suspended or reversed, for their especial benefit, by the Author of nature, in no way changes the fact, that if benefited at all, it is by natural laws solely. The

fact that science has not yet arrived at the knowledge whereby these laws affecting the nervous system, and the intimate relationship of mind and matter can be clearly enunciated, is no evidence of the violation of these laws in any instance, but merely proof of our want of information concerning them.

Faith cures, so-called, are older than history. From time immemorial, uncivilized humanity has appealed to their various gods, whether ideal or material, for relief from pain and sickness, and when restored to health, sacrificed to, and praised the god whom they confidently believed had cured them. Even among civilized nations the same is done, only in different forms, down even to the present day. Witness the shrines of Europe, with their hosts of pilgrims and worshippers. All will remember the many reputed cures effected at Knock in Ireland, and in various other places, on this continent as well as in Europe. Don Pedro's mother, the Empress, was devoted to a miraculous image of the Virgin, which performed cures. The image was at last offended by being carried to the Empress, who was too ill to be carried to it, which not only allowed her Imperial Highness to die, but killed the Archbishop, who permitted such sacrilege. There is just enough truth in faith cure, to propagate credence in the preposterous claims of its advocates. Were these claims investigated by competent observers, and the few facts sifted from the masses of error, the cures would be greatly reduced, in both number and quality.

It is not improbable that some neurotic individuals, by self-abandonment, and devoted concentration of mind upon the Deity, have been cured of some neuralgic or functional trouble; but we have yet to hear of any organic disease, properly authenticated, having been cured by such means. Now it is obvious that miraculous power must be unlimited, and therefore organic disease should be as amenable to Providential influence as functional or nervous diseases.

Again, were the cures as miraculous as alleged, time would not be a factor, nor would any partial cures occur. Many are reported as being greatly benefited, although not wholly cured. Nature and sublunary remedies require time to effect cures, and frequently do not wholly restore to pristine health and vigor. But surely *Infinite Power* would neither require time, nor specific

locality, nor would Providence leave his work half done.

A lady of our acquaintance, with cancer of the throat, visited a faith cure institution in Maine, U. S. After remaining there some weeks, she returned, professing to be greatly benefited. But the cancer pursued its natural course, and caused her death in a few months. Doubtless this and other similar cases are published as benefited, if not wholly cured.

Were the lists of failures, and the percentage of subsequent relapses or deaths, in those professing to be benefited by this system, published, as well as the alleged cures, the public would have some data upon which to form an unbiassed opinion. But their system of recording the so-called successes only, evinces a lack of candor, which throws suspicion upon the integrity of its leading lights, and hints at some relationship with Mammon.

Another source of illusion arises from coincidences. We all know that the natural powers frequently overcome even organic diseases, and when this occurs subsequent to the faith-treatment, it is heralded abroad as a miracle.

Were the advocates of this method of cure entirely confident of its infallibility, and humanely desirous of benefiting poor suffering mankind, both physically and morally, they would court investigation, and seek to inspire the necessary faith in all, by producing evidence which could not be doubted. We are aware that they claim to cure cancers, tumors, fractures, and all other diseases, organic or inorganic. But so long as they decline scientific investigation, or refuse to put their claims to the test of examination by any or all who may desire to be convinced of their truth, or error, they must expect to be classed either as fanatics or charlatans, by all "who can render a reason for the faith that is in them."

While we freely admit the just claims of religion, and its beneficial effects on the mind of man, we hold with Epicurus, "That those are not un-devout who deny the gods of the many, but those who attribute to the gods the opinions of the many."

M. POLAILLON recently showed a fork, $8\frac{1}{2}$ inches long, which he removed from the stomach of a juggler who had swallowed it by mistake. The stomach was opened at the level of the 9th rib.

INFECTION FROM ASSOCIATION WITH TUBERCULOUS PERSONS.

This matter is one of profound importance. Since the discovery of the tubercle bacillus, and its recognition by the profession as the specific cause of tuberculosis, we have something tangible to look to, as regards the communication of the disease by infection. The idea that tubercle is capable of inoculation was entertained by Laennec, as well as by many ancient writers. Laennec indeed believed he had himself been inoculated, by being wounded with a saw when performing a post mortem on the body of a patient who had died of phthisis.

From a number of cases investigated by Dr. Hanot of Paris, it would appear that, tubercular matter inoculated into the skin, produces an ulcer which runs a specific course, and is not amenable to the ordinary lines of treatment, but whether such skin inoculation produces pulmonary tuberculosis is not so clearly shown. One of the cases under observation would seem to point that way.

Now the general opinion, among the laity, and even among not a few of the profession is that consumption is not contagious, and that close intercourse with one, the subject of the disease is not attended by any danger of contracting it. Thus one member of a family, has no hesitation in nursing another member ill with the disease, even sleeping in the same bed, and thus breathing the same air. Nurses are constantly in close attendance upon patients, without even thinking they are in danger of infection, eating from the same dishes, with the same spoons even, and in many different ways exposing themselves to the risk of contracting the disease. Not a few instances have been recorded in which the husband or wife has been infected through sexual intercourse, as also through the air inspired having been rendered infectious by having passed into the lungs of the affected person.

If we believe that Koch's bacillus, introduced into the system sets up the tubercular process, we can surely see that close association with a person who is tuberculous and must therefore, at some stage of the disease at least, have numerous bacilli in his system, whenever the tuberculous process is going on, will necessarily involve a certain risk of the transmission of these micro-organisms to the healthy system, and that under favorable circum-

stances they will begin their deadly work. We say advisedly, under certain circumstances, for instances are innumerable in which, though the transmission must have occurred no evil results have followed. These circumstances may be either a hereditary tendency to scrofulous or tuberculous inflammations, a generally weakened state of the system by which it is unable to throw off the materies morbi, or various other states which will readily suggest themselves.

Now how may the bacilli find admission to the healthy system. Evidently either through air inspired, by the food, or any utensil put into the mouth which may convey them, through the genito-urinary tracts, or through wounds of the external surface. As to the first means of transmission; not only may the air actually expired from the tuberculous lungs be the carrier of the bacilli, but the sputa from such lungs, when dried upon a handkerchief, in a vessel, or on the floor must set free numbers of them to float in the air, and be sucked into the lungs of those inhabiting the same room. It is easy to understand how the food and eating-utensils may become carriers of the bacilli, and as to their introduction through wounds of the surface, the same may be readily appreciated. Indeed in one of the cases mentioned, (Hanot's) inoculation occurred from pricking the hand by a piece of broken porcelain spittoon which had been used by a phthisical patient; and in four of the cases observed, bacilli were found in the skin lesion, thus demonstrating its tubercular nature.

What then is the physician's duty as to advice given to those exposed to these various sources of contagion? Complete isolation of persons suffering from tuberculosis is practically impossible, so that nurses and others must take their chances, with this important reservation; that those whom the physician has reason to suppose are specially liable to contract the disease should be warned of the danger in which they are placed by close association with such patients. The insistence upon cessation of marital relations between husband and wife, when one spouse is known to be tuberculous, is almost impossible, and indeed, the number of cases recorded in which inoculation has occurred from sexual intercourse, is perhaps too small to warrant the physician insisting upon such abstinence, except in particular cases. But as to contracting

the disease from the food or eating utensils, the physician's duty is plain. All persons in relation with the patient should be thoroughly impressed with the idea that they *may* become infected in this manner, and due caution should be insisted upon as to the cleansing of all dishes, spoons, etc., used by the patient, before being allowed to go into general use. Fortunately Koch's bacillus is not proof against boiling water. So that with care this source of infection may be eliminated. As to their introduction into wounds, the physician should be on the alert, for there is always a chance of the bacilli from the tubercle in the skin generalizing itself, and setting up its morbid effects in remote organs. Therefore early and complete excision of the tubercle should be insisted upon, or it should be destroyed by the actual cautery. An important matter here presents itself, viz.: the employment of children's nurses who are tuberculous. The isolation of patients, separation of husband and wife, etc., which have been referred to above, are difficult if not impossible, but it is easy to educate the public not to employ nurses who are affected. The intimate relation between nurse and child, and we do not mean exclusively wet-nurses, should preclude the employment of any nurse not absolutely healthy. Cases have been recorded in which previously healthy children, with no hereditary taint of tubercle or scrofula, became tuberculous, as shown by autopsies, from nurses who were also shown to be affected.

THE BRITISH MEDICAL ASSOCIATION.

The 54th Annual Meeting of the British Medical Association was held at Brighton, from Aug. 10th to 13th. President, Dr. Withers Moore. The attendance was large, the British Isles being well represented, while the number of foreigners was greater than usual. Among those who took an active share in the proceedings may be mentioned Prof. Liebrich of Berlin, Charcot of Paris, Drs. Lusk and Emmet of New York, Billings of Washington, and Geikie of Toronto. A feature of special interest was the presence of a delegation from the International Medical Congress to be held in Washington, September 1887, to extend an invitation to the members of the British Medical Association. Dr. N. S. Davis of Detroit seems to have won golden opinions from the members of

the association, by the manner in which he presented the invitation and assured the members of a cordial welcome by their American brethren. The president's address was on the higher education of women, and dealt with the question from the view of its benefit to the race, rather than its benefit to the individual. He thought their higher education "tends to indispose them for matrimony and unfit them for maternity." The address in medicine was given by Dr. John S. Billings, who took the place which was to have been filled by the late Austin Flint. The address on surgery by Mr. F. A. Humphrey, was directed to showing the necessity of a more intimate acquaintance of the medical treatment of surgical cases, by surgeons of the present day. Mr. Humphrey seems inclined to think that while surgeons are achieving brilliant success in the treatment of the internal organs in disease, they are restricting themselves too much to operative measures, to the exclusion of medical methods.

In the surgical section the address on surgery was given by Mr. Erichsen. He says: "That the final limits of surgery have been reached in the direction of all that is manipulative and mechanical there can, I venture to think, be little doubt." He hopes for an advance in the development of methods of scientific research, and believes that it is to biology we must look for an elucidation of surgical problems.

Dr. Taaffe gave an able address on "Various Topics in Public Medicine," Dr. Clouston on "The Relationship of Bodily and Mental Pain."

The meeting as a whole seems to have been a very profitable one. The spirit of brotherly feeling evinced in the speeches of the visitors was very marked, and the home management appointments left nothing to be desired in making the stay of all the members and visitors, as pleasant as it was profitable.

Drs. Hingston of Montreal, and Grant of Ottawa were elected honorary members, while a number of other Canadians were present, among them being Drs. Geikie of Toronto and Stewart, of Montreal.

URETHRAN IN TRAUMATIC TETANUS.—Dr. Jackman reports a cure (*Lancet*) of a severe case of tetanus in a boy of 15, from the use of urethran and chloral combined. Chloral was given in 25 grain doses every three hours. This relieved the

paroxysms of pain slightly during the day, but lock-jaw, opisthotonos, etc., remained, and the pains at night were severe and frequent. Under this treatment, fluid nourishment being given, the case went on with no abatement of symptoms for 10 days, when the chloral was left off and 4 grains of urethran were administered every four hours. This, on the first night had acted so well, that it was continued, the patient making continual improvement, till he was entirely well, in about 25 days.

DISINFECTING THE HANDS.—Dr. Kümmell (*Centr. fur. Chir.*) having made numerous experiments, tending to show how long the hands may remain infectious, and how to disinfect them, recommends washing with hot water and potash soap, using a nail brush thoroughly. This is followed by a disinfecting solution of 3 % carbolic acid, 50 % chlorine water or 1 % corros. sub. The arms should receive attention also, and the power of the clothes to carry infection should not be forgotten. The chlorine water mentioned above appears to have been the most efficacious. After a post-mortem examination, etc., a 5 % carbolic acid solution, a strong potash soap and water, as hot as can be borne, should be employed.

BRAIN SURGERY.—A short time ago, Mr. Victor Horsley operated upon a patient at the National Hospital, London. The patient was suffering from epilepsy brought on by an injury to the head, which involved the brain. Mr. Horsley trephined in the neighborhood of the scar, and after removing the diseased bone, removed the scar in the brain. He removed a mass of cicatricial and brain tissue from the upper end of the fissure of Rolando, 1½ inches long, 1 inch deep and ¾ inch broad. The man recovered without a bad symptom, all dressings being removed on the tenth day.

AMERICAN PUBLIC HEALTH ASSOCIATION.—We beg to remind our readers of the meeting of the above Association to be held in Toronto on the 5th, 6th, 7th and 8th of the present month. The meeting will open at 10 a.m. on Tuesday, in Shaftesbury Hall, Queen Street West. A number of able papers will be presented on the following and other topics: Disposal of Sewage; Water Supply; Teaching of Hygiene in Schools; Suppression of Epidemic Diseases; Prevention of

Disease in Factories and Workshops; Plans of Houses, etc. The President is Dr. Walcott, of Cambridge, Mass., and the first Vice-President is Dr. C. W. Covernton, chairman of the Ontario Board of Health. A very interesting meeting is anticipated, and it is to be hoped there will be a large attendance of those interested in sanitary matters.

THE NEW YORK POLYCLINIC.—The increase in the size of the classes in attendance at the Polyclinic has necessitated an increase in the number of clinics, so that during the session of 1886-7 no less than 86 clinical demonstrations will be given every week. During the past session there was a total of 240 practitioners in attendance upon the various clinics, making since the opening of the school in 1882, a total of 812 matriculants. The list of Professors is almost identical with that at the organization of the Polyclinic. A department of Otology has been recently added to the course.

NAIL-SWALLOWING.—Dr. J. W. Smith, writing to the *Lancet*, mentions the case of a boy, 4 years old, who swallowed a brass-headed nail 2 inches long. The child was very pale and anxious-looking for four days, and at the end of seven days the nail passed in a mass of hardened feces. The treatment was intended from the first to keep the bowels confined, viz., a mixture of 2 minims of a solution of morphia and 5 minims of dilute sulphuric acid, every 3 hours.

TEST FOR DRINKING WATER.—It is said that a clear solution of tannin is a capital test for the fitness of water for drinking purposes. Dr. Hager proposed this in 1871. Pour a tablespoonful of the solution into a tumblerful of the suspected water. If no turbidity occur within five hours, the water is good. If turbidity occur during the first hour, the water is unwholesome, and if within the second, it is not to be recommended.

DETECTION OF BLOOD IN THE URINE.—M. A. Luchini proposes the following method for determining the presence of blood in the urine. One drop of acetic acid and forty-five minims of chloroform are added to two and one-half drachms of the suspected urine. The phial is to be well shaken and then set aside to stand for a time. If the urine contain

blood the chloroform, which settles to the bottom, will have a reddish tint, the depth of which will vary according to the amount of blood present.

GAMBETTA'S BRAIN.—It is stated that there was a considerably increased growth of the cortical tissue in the neighborhood of Broca's convolution in Gambetta's brain. A writer in the *Brit. Med. Jour.* thinks this confirmatory of the generally accepted idea that this portion of the brain governs articulate language, Gambetta's powers of oratory and of memorizing being very remarkable.

LOOMIS' TONIC.—The following is known as Loomis' tonic:

R Quinæ sulphatis grs. xv.
Tinct. Ferri chlor. . . . ʒij
Spts. chloroform
Glycerine aa ʒij
Aquæ ad ʒij —M

Dose: A teaspoonful three times a day.

MIXTURE FOR ASTHMA.—The following prescription is much used by Dr. Fothergill in the treatment of asthmatic patients:

R Amm. Iodidi ʒij
Amm. Bromidi ʒij
Syr. Tolu ʒij
Tinc. Lobeliæ ʒv —M

Dose: a teaspoonful.

COUGH MIXTURE.—Dr. H. C. Wood (*Therap. Gaz.*) recommends the following as an excellent sedative cough mixture:

R Pot. citrat. . . . ʒi
Succi. Limon. . . . ʒii
Syr. Ipecac. . . . ʒss
Syr. simplicis ad ʒvi —M

Sig.—ʒss four to six times a day.

Paregoric may be added when there is much cough or irritability of the bowels.

HYBRIDISM.—At a late meeting of the St. Louis Medical Society, Dr. Funkhouser exhibited an embryo five days old, the offspring of a rooster and a duck. Sixteen eggs had been placed in an incubator but this was the only fertile one. This seems to do away with our ideas about the sterility of different species.

ADDITIONS TO TRINITY MEDICAL SCHOOL.—By the addition of a new wing to this building a new

Pathological Laboratory has been formed, and one of the lecture rooms increased in size. The institution is now second to none in the Dominion in point of accommodation and equipment.

TREATMENT OF ACUTE RHEUMATISM.—A writer to the *Russkaya Meditsina* says that of all the remedies which he has tried during the past twenty years he finds nitrate of potassium the most reliable. He gives two drachms daily in raspberry syrup, a dose being administered every two hours. With this he prescribes an ointment as follows:

Olei. Hyosc.	. . . . .	ʒi.
Ung. Hyd. Cinerei.	. . . . .	ʒii.
Ext. Aconit.	. . . . .	ʒi.

He finds this treatment especially useful in cases where the salicylates fail. He usually cures a case in two or three weeks and when commenced early no other joints are as a rule affected.

MENTHOL IN URTICARIA AND PRURITUS.—It is said (*Am. Jour. Pharmacy*) that menthol is the most rapid and certain remedy we possess, not only to alleviate itching, but to cure the above. It instantly cures the itching in eczema. The solution should be of the strength of two to ten grains to the ounce of water.

TREATMENT OF TELANGIECTASIS.—This authority (*Borügen*) recommends that the spot and area of skin 2mm beyond it be painted four days in succession with collodium containing four per cent. of corrosive sublimate. The cure is rapid and absolutely painless.

PILLS FOR METRORRHAGIA.—Anchord's pill (*Gaz. de Gyn.*) is said to be

R Ergotin	. . . . .	gr. xxv.
Quin. sulph.	. . . . .	gr. xxx.
Pulv. digital.	. . . . .
Ext. hyosc.	. . . . .	aa gr. iiiss.

M. et div in pil No. xx.

S.—From five to ten daily.

BICHLORIDE IN DIARRHŒA IN CHILDREN.—Wm. M. Millard, M.B., says he obtained good results in that form of diarrhœa prevalent among children between weaning and five years of age, characterized by horribly offensive stools, by disinfecting the bowel by bichloride. He uses liq. hydrarg. perchlor. in 5 to 10 minim doses, every hour or

two. He finds it usually effective in 12 hours or less.

SODIUM CHLORIDE.—Dr. Branche says (*Bull. Gen. de Thérap.*) strumous and phthisical persons are much benefited by large quantities of salt. He thinks anæmia is also improved, if not cured by its use. Dr. Pidoux also recommends tuberculous persons to partake freely of salt at their meals.

CALCIUM SULPHIDE FOR BOILS.—This agent has a great reputation for the treatment of boils, carbuncles, acne, etc. It is given best as a pill made by triturating the agent with sugar of milk, and adding sufficient tragacanth to make a mass. This mass soon undergoes decomposition.

BEQUEST TO SCIENCE.—Herr Von Ritter has left £15,000 to the University of Jena, the interest of which is to go to the teaching of the doctrines of Darwin. Prof. Häckel proposes to establish, with part of this sum, a professorship of zoology, to be called the Paul Ritter professorship.

A SIMPLE and easily applied test of actual death was mentioned at a recent meeting of the Amiens Medical Society, by Dr. Lessenne. It consists in pricking the skin with a needle. On the living body such a pin prick leaves no trace. On the corpse the puncture remains open.

SOLUTIONS THAT LAST.—Dr. Abbott recommends (*Med. Rec.*) that solutions of atropine, morphine, cocaine and other alkaloids be prepared with camphor water, 1 grain to the ounce. He has by this means kept solutions for a year without having seen any fungi develop.

PRECAUTION.—Dr. Crevenger (*Weekly Med. Rev.*) recommends that the hands be held over strong liquid ammonia before commencing a post-mortem examination, when the smarting will reveal all sensitive or abraded places, which can then be touched with caustic.

AMENORRHŒA.—Dr. Goodell says that amenorrhœa in anæmic subjects is best treated with vigorous tonics of iron and strychnia; but that when there is a condition of plethora he finds pot. iod. the most effective remedy.

ORCHITIS AND EPIDIDYMITIS.—Mr. Loudes says

(*Lancet*) that painting the affected part with nitrate of silver ʒii to ʒi, with rest in bed and support to the organ, is a very successful method of treatment in the above.

LINSEED OIL IN PRURITUS ANI.—A writer to the *Boston Med. & Surg. Jour.* says, that linseed oil freely used externally, promptly cured two cases of this troublesome malady, when all the classical remedies had failed.

THE INCUBATION PERIOD OF DIPHTHERIA.—Mr. Percy G. Lewis gives two cases (*Lancet*) in which, from accurate observation, it appears that the incubation period of diphtheria is about 48 hours.

CHEAP QUININE.—It is stated (*Lancet*) that Mr. Cresswell Hewett has succeeded in the manufacture of quinine by synthesis, and that its cost will be about 5 cents an ounce.

FOR MYALGIA.—Prof. Bartholow (*Coll. & Clin. Rec.*) recommends the following liniment for myalgia:

R—Chlor. Hyd., ʒj.
Lin. Sapon, ʒij.—M.

TENESMUS OF DIARRHŒA.—It is said that the tenesmus of diarrhœa or dysentery may be relieved by raising the buttocks higher than the rest of the body by a pillow placed under them.

KOLU NUT.—Chewing kolu is said to lessen the effects of alcoholic stimulants, as also to lessen the desire for stimulants after a debauch.

PERSONAL.—Dr. Wm. T. Harris, of Brantford, Ont., is attending a course of lectures at the Post Graduate Medical School New York.

WE regret to notice the death of Dr. James G. Waklay, Editor of the London *Lancet*, in the 61st year of his age. The cause of death was cancer of the tongue. He held the position of editor-in-chief of this well-known journal for upwards of a quarter of a century.

A WRITER to the *Brit. Med. Jour.* concludes that the eyes of children of blind parents are not less strong than those of other children, but that such marriages are less fruitful than those of sighted persons.

"WHO IS YOUR DOCTOR?"—"Doctor! I don't want any doctor. My neighbor has one, and when he comes I listen at the door and get the prescription free. No doctor for me."—*Fliegende Blätter*.

MR. SCUDAMORE, Rugby, believes hernia is hereditary to a much greater extent than is generally supposed.

THE MEDICO-CHIRURGICAL Society of Pavia have come to the conclusion that bacteriotherapy is neither a rational or practical remedy for tuberculosis.

Books and Pamphlets.

PRACTICAL CLINICAL LESSONS ON SYPHILIS AND THE GENITO-URINARY DISEASES, by Fessenden N. Otis, M.D., Clinical Professor of Genito-Urinary Diseases, College of Physicians, New York. Surgeon to Charity Hospital, etc., etc. Pp. 577. New York: Putnam's Sons. Toronto: Williamson & Co., 1886.

This is a Student's edition, to be followed shortly by another, containing additions on Hereditary and Infantile Syphilis, and on Genito-Urinary Reflex Irritations, with some chapters on Diseases of the Prostate and Stone in the Bladder. Dr. Otis is so well known as a Syphilographer, that comment as to his views is unnecessary. The work is clinical, such cases being presented as are typical and practical, with such additions as have been suggested by the author's large experience. The Lessons being really lectures, the book presents the advantages and disadvantages of this style of writing. The views of the author are set forth in a remarkably lucid manner, and a thorough perusal of the book must give an intelligent idea of the subjects under consideration. The price is just sufficient to cover cost of publication; the author being sufficiently compensated in the thought, that his disciples are able to make themselves more familiar with his principles than they would have been had the present edition not been issued.

HANDBOOK OF PRACTICAL MEDICINE, by Hermann Eichhorst. Volume I. New York: Wm. Wood & Co., 1886.

This volume treats of the diseases of the circulatory and respiratory systems. It is illustrated by one hundred and three wood-cuts, which, while

they are by no means artistic, are fairly plain. The author is professor of pathology and therapeutics and director of the medical clinic at Zurich, which will account for the careful treatment of the pathology of the diseases under consideration, and at the same time for the practical nature of the work in its therapeutic and clinical aspect. There is no padding. The sentences are short and to the point, and we think the work is a valuable addition to Wood's Library for the year.

INSANITY AND ITS TREAEMENT. Lectures on the Treatment, Medical and Legal, of Insane Patients. By G. Fielding Blandford, M.D., Oxon. Third Edition. New York: Wm. Wood & Co., 1886. Pp. 379, Cloth.

The author delivered this series of lectures several years ago, since which time they have been twice revised. While the advances and discoveries in the physiology and therapeutics of insanity have not of late years been of much importance, yet as the author says, "time and experience enable us to estimate the value of the knowledge we possess to test our remedies, and modify our treatment." Being in the conversational style of lectures, the matter forms pleasant reading and is easy of assimilation. To the original twenty lectures the publishers have added a monograph on "Types of Insanity," by Dr. Allan McLane Hamilton, illustrated by plates and fac similes of patients' handwriting, etc. We recommend the work to the general practitioner, requiring aid in this difficult subject.

BRIGHT'S DISEASE AND ALLIED AFFECTIONS OF THE KIDNEYS. By Charles W. Purdy, M.D., Queen's University, Professor of Genito-Urinary and Renal Diseases in the Chicago Polyclinic, etc. 8vo., 288 pages, with 18 illustrations. Cloth, \$2. Philadelphia, Lea Brothers & Co., 1876.

Diseases of the Kidney are confessedly very important, and under the nomenclature which has been in use, very difficult of clear comprehension. Dr. Purdy has discarded the anatomical divisions of nephritis heretofore in use, as misleading, a matter upon which we think the reader may congratulate himself. The author deals fully with scarlatinal and puerperal nephritis, and has rendered the dark ways plain; a matter of great importance from a practical standpoint. The author prepared himself for such a work by a

course of special pathological investigation at Aberdeen University, being aided therein by Prof. D. J. Hamilton. The book is excellently printed, and the plates well executed; all except one are original.

YOUNG WIFE—"There's a gentleman in the parlor, dear, who wishes to see you."

He—"Do you know who it is?"

Young Wife—"You must forgive me, my dear, but that cough of yours has worried me of late, and you take such poor care of your health, and— and O, if I were to lose you, my darling!" (Bursts into tears.)

He—"There, there, dear. Your fondness for me has inspired foolish and unnecessary fears, I'm all right; you musn't be alarmed. But I'll see the physician, of course, just to satisfy you. Is it Dr. Pellett?"

Young Wife—"N-no, it is not a doctor; it's a—a—life insurance agent."—*Reconstructives.*

Births, Marriages and Deaths.

On the 2nd ult., Dr. W. H. Blackstock to Annie, youngest daughter of John Keefer, Esq., of Thorold, Ont.

On the 15th ult., H. C. Wilson, M.D., M.P.P. Edmonton, to Emily, eldest daughter of Mr. A. B. Lee, of Toronto.

On the 16th ult., Alexander Davidson, M.D., C.M., M.R.C.S., Eng., of Toronto, to Frances M., second daughter of W. Thorold, St. Williams.

On the 18th ult., J. D. Courtenay, M.B., to Minnie J., eldest daughter of R. B. Morrison, of Morriston, Ont.

On the 20th ult, T. H. Stark, M.D., of Toronto, to Jennie A., eldest daughter of the late G. W. Smith, Ottawa.

On the 17th of August, Dr. C. G. Moore, of London, Ont., aged 70 years.

On the 21st of August, Dr. G. B. Oakes of Digby, N.S., aged 47 years.

On the 17th inst., Dr. George L. Beard, of Woodstock.

* * * The charge for Notices of Births, Deaths and Marriages is Fifty Cents, which should be forwarded in postage stamps with the communication.

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Original Communications.

CASE OF VESICAL CALCULUS *

BY W. G. ANGLIN, M.D., M.R.C.S., ENG., KINGSTON, ONT.

In August last it was my privilege to assist Dr. J. Rutherford Morison, F.R.C.S, Edin., of Hartlepool, Eng., while he operated for stone. The result was the extraction of a uric acid calculus of extraordinary size—the largest of pure uric acid on record, and as I have with me a plaster cast of the calculus, and some notes supplied to me by Dr. Morison, I have pleasure in bringing the case under the notice of this Association, especially as I am not aware that the notes have been published in any of the medical journals.

J. T., æt. 52, married, a seafaring man, residing at West Hartlepool, complains of pain and difficulty with his water. His general health has been good with the exception of the trouble complained of. He has been somewhat addicted to alcoholic excess. He looks a strong man, but much worn by pain and loss of rest.

History: For the last 30 years he has had attacks of pain and difficulty in micturition. He thinks that an accident, a fall on the perineum over a railing, which he met with when a boy may have been the cause. During the attacks he has had a frequent desire to micturate accompanied by straining pains in the perineum and rectum, and a shooting into the end of the penis. These attacks lasted a variable time, occasionally passing off in a few days, at other times remaining for months. He says they had to reach a height, after which followed a gradual return to health, and for a time he remained perfectly well. Several years ago, during one of the attacks, he passed blood

with the urine. At different times he has consulted physicians and surgeons, but nothing did him any good except morphia which relieved his pain. He has been frequently sounded for stone but without result. His *present attack* began four months ago in the usual way, with painful and frequent micturition, for which, up to the time of my seeing him, he has been under medical care and steadily getting worse. At the time of my first seeing him, I was going away for three weeks, so, on examining his urine, and finding it to contain one-third albumen, some pus, and to be of low sp. gr. (1008), I ordered him to live on milk and take 15 ms. of tr. ferri. perchlor. three times a day, postponing any instrumental interference till my return. On August 14th, three weeks having expired, I again visited him. So far as can be ascertained all his organs are sound with the exception of his genito-urinary system. He is wearing a urinal, as his urine is constantly dribbling away. As a consequence his thighs are excoriated, and he has a strong urinous odor. On palpation a rounded swelling can be felt in his lower abdomen reaching midway between the umbilicus and pubis, which is dull on percussion, and pressure on which causes a desire to micturate, and the escape of some urine by the natural channel. Pressure over both kidneys posteriorly causes pain. Per rectum, a round, hard, tender swelling is easily felt projecting into the lower part. A soft rubber catheter enters as far, apparently, as the prostatic urethra, but here it hitches causing great pain, and about a teaspoonful of urine escapes in little gushes. The catheter will not enter the bladder. I arranged to give him chloroform the following day and make a thorough exploration.

August 15th. On giving chloroform the distended bladder could be distinctly felt as a rounded swelling in the lower abdomen. A soft coudeé instrument stuck at the same spot as the one introduced yesterday, and no more water could be obtained through it. A silver catheter now tried, struck a stone at the point of the obstruction lying in the urethra and could not be passed beyond it. I arranged to make an incision and by that means empty his bladder next day.

August 16th. The staff when introduced hitched on the urethral calculus, but passed on into the bladder where it struck another

*Read before the Ontario Medical Association, June, 1886.

calculus. The ordinary (as for lateral lithotomy) incision was now made, and bled profusely from the whole surface. The transverse perineal artery was so active as to be formidable, and Pean's forceps were fixed on each end of the divided vessel. When the urethra had been excised a small, flat stone escaped into the wound, and was extracted by the finger, which was then passed into the bladder on the stone there, and the staff was removed. The stone was of such large size that I enlarged the wound in the bladder with a probe-pointed bistoury before introducing the largest size of lithotomy forceps. Expanding the forceps widely I grasped the stone, which was so large and of such a shape that they slipped off. After repeating the process in a variety of directions, it was plain that the stone could not be removed through this incision, and that if the stone was to be had it must be by the supra-pubic operation. The wound had all along bled profusely from its whole surface, and by this time the patient had lost at least a pint of blood. A sponge was packed into the perineal wound, the supra-pubic incision made, and the bladder opened above the pubis on the stone, a matter of little difficulty, as the stone was pushing forwards the anterior bladder wall. The incision in the skin extended upwards for about four inches from the pubic bone, the bladder wall being opened for about 2 inches up to the reflection of the peritoneum. The lithotomy forceps were again introduced, but had no power and slipped. There was the same difficulty as before. The midwifery forceps of a neighboring practitioner were now sent for and on their arrival one blade was introduced at a time, as in an ordinary instrumental delivery. The entrance of the first blade was followed by a gush of putrid urine which escaped over the abdominal wound, and must inevitably have run into the peritoneal cavity if it had been opened. This urine—about 2 oz.—was lying in the base of the bladder, under the stone, and at a lower level than the urethral opening. The forceps being locked, the stone was easily removed by slow and gentle traction, the wound in the bladder expanding without laceration, and no further obstruction being encountered because of the long incision through the superficial soft parts.

The bladder wall was very much thickened, and the lining membrane so vascular that it bled free-

ly. Lying at the lowest part of the bladder was another small flat stone which was now removed. The operation was completed by the introduction of two deep and three superficial sutures of catgut into the abdominal wound, leaving only the lower half open; by stitching a full-sized drainage tube, reaching the bladder, into the perineal wound; by flushing out the bladder and wounds with boracic lotion, and finally by the introduction of a large sponge with Pean's forceps attached, into the bladder to stop the oozing from its interior still going on. The operation occupied three-fourths of an hour, including the delay occasioned by having to send for forceps. An hour afterwards the bladder sponge was removed, and all bleeding had ceased. The patient had a fair pulse, but had not yet rallied from the cold, chloroform and shock.

AFTER PROGRESS.

August 16th, evening. Fair pulse 110; temp. 97° F. Has not yet recovered from shock, and is inclined to be cold. Hypodermic injection of $\frac{1}{4}$ th gr. morphia, and some hot milk and water.

August 17th. Morning, temp. 97°; hands still cool but body warm and perspiring. Has had a good night; slept 3 or 4 hours, and taken freely of milk without sickness. 1 p.m.—Temp. 97.6°; pulse 112. 3.40 p.m.—T. 99°; p. 120. 10 p.m.—T. 102.6°; p. 160; ordered 10 grs. quinine, 10 grs. pulv. ipecac co.

August 18th. 1 a.m.—T. 100.2°; p. 140. 8.20 a.m.—T. 97.4°. 3.20 p.m.—T. 98.8°. 8 p.m.—T. 99°; p. 117. After this the temperature only once reached 100°. For several nights he required morphia to make him sleep, not because of pain, but restlessness.

August 19th. Most of the urine escapes by the abdominal incision in spite of the fact that perineal tube is large and patent. The tube removed in consequence. Secretion of urine very free, and has been ever since operation. To-day he took a quantity of egg-flip, looks much better, but his tongue is dry and he is disposed to hiccup. Ordered calomel gr. j. every four hours.

August. 21st. His pulse occasionally intermits and has kept up to about 120 since operation. Ordered tr. digitalis M. 10 every 4 hours. Tongue much cleaner. Asked for and relished some tea and toast.

August 22nd. Most of the urine escaped through the abdominal wound, and a tendency,

apparently, for it to find its way into the urethra has caused some pain. I passed a full-sized drainage tube through from perineal to abdominal opening, and ordered bladder and tube to be syringed out from above every 4 hours with boracic lotion. Patient seems very well and strong. Pulse 100, temp. normal, but cannot sleep well at nights. Urinary secretions very free.

August 27th. Is very well and strong. Upper part of abdominal wound healed, lower part granulating, and both it and perineal wound have closed in so as to embrace the drainage tube. His diet has been gradually improved, and to-day he was allowed to have for dinner, chicken with vegetables, pudding and a glass of beer. After dinner he enjoyed a smoke, and was anxious to know if he could soon get up a little. Was in excellent spirits.

August 28th, morning. Looks rather depressed, and says he does not feel in such good spirits. Has had occasional hiccough, but as his pulse is good, temp. normal, wounds look well, and secretion of urine free, no importance was attached to it; as even when fairly well for some months he has had it occasionally. Evening.—Hiccough much worse, never lets him rest. Tongue dry; pulse 120: temp. 98.4°; very thirsty: drowsy looking and low spirited. Says he is going to die. Hypodermic of morphia and a variety of other things tried.

August 29th. Hiccough never ceases. Has been delirious all night, wanting to get out of bed, etc. Died early in the morning. No *post mortem* can be obtained.

CASE OF PUERPERAL PULMONARY VENOUS THROMBOSIS.

BY AMELIA LE SUEUR YEOMANS, M.D., WINNIPEG, MAN.

On July 14th, 1885, I was summoned to attend Mrs. G. M. in confinement. I found the patient in a very small, ill-ventilated room, around which clothing was hanging in profusion. Her youngest child, a baby of thirteen months, had been weaned only two months previously, and the eldest was now barely two years old. No nurse was present, the patient's husband being the only person available as assistant. Complaints about this state of matters were met by the reply that they were "too

poor" to do any better, and as labor was progressing, little improvement could be effected beyond airing the stuffy room as well as possible and removing all superfluous clothing. The patient was not yet 20, a very restless, nervous and insubordinate woman. Her labor was easy, rapid and normal in all respects; child healthy. An hour after all was well over, I left, promising to call next morning. 15th. Found patient sitting up in bed sewing a gown for her infant; compelled her to lie down and informed her husband that unless my orders were obeyed I would have nothing further to do with the case. Inquiry elicited the fact that she had also that morning, while her husband was absent, left her bed and carried into her room from the next one, a crying child. Called in the afternoon and found patient with flushed face, pulse rapid and weak, temperature 102°. From that time her condition grew worse. Septicæmia of a violent character developed itself, with all attendant characteristic symptoms, wild dreams, with some delirium. Her temperature ranged from 102° to 106°. It is worthy of remark, that throughout this illness the patient's pulse was not rapid in proportion to her temperature, and on this fact hopes of her restoration were based, which were realized.

She recovered after most assiduous and careful treatment. Warburg's tincture was found the most valuable of the medicines employed, and intra-uterine antiseptic injections were freely used, always by myself. Convalescence being fairly established, this patient and her husband were earnestly warned of the danger that would ensue should she again become pregnant before a proper length of time had elapsed for the thorough re-establishment of her health; nevertheless, three months had not passed before she came to me with a request to induce a miscarriage in her case. This was promptly refused, and she was also told that I would not be willing to attend her again. June 21st, 1886, I was again summoned to the same patient. The messenger described her as having an earnest wish to speak with me on an important matter. As she lived only a few doors from my office I went at once, and found my former patient convinced that her fourth labor had commenced and most anxious for my services. I yielded the point, and she informed me that the "waters" had already "broken," but that she had

as yet felt no pain. On vaginal examination, I found sufficient dilatation of the os for admission of the tip of my forefinger. Assuring her that all promised favorably, I inquired as to her general health, and was told that her appetite was poor and that she had been troubled with a frequent tendency to faint, also that she had been working very hard for some time past. I ordered a nutritious diet and rest in the horizontal position at the least approach of faintness, ascertained that the bladder and bowels had been satisfactorily emptied, and left, promising to return by 10 p.m. At that hour I saw my patient again. The uterus seemed to have settled a good deal lower in the pelvis, but there was little or no increase of dilatation of the os, no pain of any consequence, water dribbling away slowly, temperature normal, pulse 102.

On the morning of the 22nd patient complained of a slight headache and feeling of giddiness. There were no labor pains and less water (she thought) was escaping. Her spirits seemed good, pulse was a little slower than the previous evening, temperature normal. I told her that I would not come again until she sent for me, which she was to do as soon as she began to have consecutive pains, as I judged that when the uterus began to act, delivery would follow very rapidly.

At 11.40 on the night of the 22nd her husband came for me. I was with the patient almost immediately. She said she had had but one pain before sending for me. Uterine contractions continued strong and very effective, and the child (a fair-sized boy) was born at 1.15, June 23rd. Fl. ext. of ergot, 3j., was given directly after the expulsion of the head. The uterus now contracted firmly, the placenta was expressed from its cavity by Credé's method. Patient said she felt well, but was enjoined not to stir. Rather a free gush of blood followed the escape of the placenta, and it was noticeable that it was instantly clotted in the bed. Grasping the uterus firmly, I secured its satisfactory contraction, which continued up to the time of the patient's death. There was no further undue escape of blood. I sat watching the uterus and noting patient's general condition for almost an hour and a half. Her pulse varied from 78 to 87 during that time and was rather irregular, but she said she felt well. In spite of earnest injunctions to the contrary, she talked a

good deal. At 3.30 a.m., there being absolutely no one else to do it, I left her for the purpose of washing and dressing the baby. Her husband was directed to sit by her and see that she did not stir. I could hear him through the open door enjoining quietude upon her, and judged that in spite of him she made some impulsive movements. It must have been about fifteen minutes after I left her that she called me, saying that she could not describe the terrible character of her sensations. I found her pulseless at the wrist, gasping for air, perfectly conscious, her face expressive of intense anxiety. Uterus firmly contracted; there had been no flooding.

Stimulants were at once exhibited freely and their administration continued throughout. Dr. L. B. Yeomans was sent for, and with her assistance internal stimulation and external applications of heat and friction were constantly kept up. The window-sashes were entirely removed, that air might have free admittance. Twice our exertions were rewarded by the re-appearance of the wrist-pulse, once it could be counted—126. Had it been possible to keep the patient perfectly still, the fatal issue might have been delayed, or perhaps averted; but her agony was such, that with any means at our command it was impossible, entirely, to control her. A stethoscope was not at hand, but no basic cardiac murmur was discovered on direct auscultation, which was made several times over the heart. Nevertheless, the symptoms were so marked, that we could not fail to class the case as one of Pulmonary Venous Thrombosis. A third physician was sent for, but unfortunately did not arrive until after the patient's death, which took place at 6.45 a.m., five and a-half hours after the termination of her labor.

It is much to be regretted that an autopsy on this case could not be obtained, and the exact location of the obstructing clot ascertained. Patient complained more of the character of her sensations than of sharp pain. She would press her hand on her heart and say, "Why have I such a terrible feeling (sometimes she spoke of it as a pain) here?" She mentioned also numbness of her lower extremities, and a sense of suffocation. That the clot formation was to some extent gradual, seems evident from the fact, that twice early in the attack the heart contracted powerfully enough for the pulse to be perceptible at the wrist. This

patient's blood was probably markedly hyperinot, as a consequence of her four pregnancies following so closely one upon the other; she was anæmic from very poor living and constant over-work during the past winter. It seems possible, also, that her fourth pregnancy commenced before she had fully recovered from the septicæmic attack which I have already mentioned as following her third delivery.

That the case was not one of embolism, seems evident from the early invasion of the fatal attack; there was no time for the degenerative changes necessary to detachment of a thrombus in the uterine sinuses, its migration to the heart and growth there by accretion. This seems to have been a case of spontaneous formation of a venous blood-clot in the right ventricle of the heart or pulmonary artery proper, or perhaps more probably at its point of bifurcation.

In reviewing the case, two points seem worthy of attention: first, as a warning symptom, the tendency to faint complained of by the patient when first I saw her, a feeling which she said she had experienced more or less during the whole period of pregnancy. In all my previous attendance upon her, she had not described this feeling. A judicious tonic course of treatment, persisted in throughout her pregnancy, might have greatly lessened the final risk, in spite of her former criminally careless conduct. The second point is not of practical importance, but a thought naturally arising from the circumstances of the case. If the fatal issue was caused by a peculiar blood state, a condition that would be aggravated by each successive month of pregnancy, it is quite possible that—had the uterus been emptied early—the mother instead of the child might now be alive; but there was no indication for any such treatment when the patient applied to me, nor can I conceive of a possible diagnosis of impending thrombosis so certain as to render the production of an abortion justifiable.

HYDROCELE MULIEBRIS.

BY R. A. D. KING, M.D., COMPTON, QUE.

On 20th September, Mrs. R., from a neighboring town, consulted me concerning what she designated as "a peculiar swelling in a peculiar place."

I requested her to describe it; what symptoms she experienced, and where it was situated. She did so, and upon examination I discovered a hydrocele of the left side—hydrocele inguinalis interna. I did not arrive at this diagnosis at once or off-hand, as it was the first case I had seen during a practice of 18 years, and I do not remember ever having read anything, in what gynæcological literature I possess, concerning this rare affection, rare at least to me, and I thought it quite a unique case. At first I thought it was a hernia, and its rapid accession rather warranted this supposition.

Mrs. R. is 38 years of age; has had five children. I attended her at her last accouchement, six years ago. Her husband died a year afterwards. About a year ago her menses ceased after a period of irregularity, and she thought she had reached the menopause. Eighteen months since she walked a good deal while visiting Montreal, climbing the mountain and otherwise taking unusual exercise, and once she fell quite heavily on her right side, but does not remember ever receiving any blow or injury to the parts affected, and soon recovered from the immediate effects of the fall. About a month ago she discovered a small enlargement just below Poupart's ligament, which became sore and painful. This gradually becoming larger, she consulted a physician of her town, who recommended poulticing, and she kept on the flax-seed poultices up to the above date. The tension increased, but the soreness diminished somewhat. She was told by her attendant that it would break; that it was an abscess. I found the tumor very tense upon her standing up, but becoming softer when she was in the recumbent position. I could not employ the light test owing to her being in street costume, but felt quite sure that it was not an abscess from its appearance and history. Neither did I think it to be an ordinary hernia, or an epiplocele, and decided to test the matter with a hypodermic needle. This I did, and drew off four ounces of hydrocele fluid. There was evidently more than one cyst, as I had to partially withdraw the needle and re-insert it before getting all the fluid. The neck of the sac could be traced upwards with the finger, and while standing the bag was broadest at the most dependent part.

The fluid drawn off was of a straw color, the last ounce being thicker, much the same in appearance as that taken from the pleura at a second

aspiration — sticky and albuminous — the final drachm being bloody, probably from a prick of the needle's point.

After satisfying myself that all the contents were withdrawn, I applied camphor and chloral solution to allay the aching, dragging pain experienced. She expressed herself much relieved after the removal of the fluid, and I instructed her to come again if it re-appeared, and in the meanwhile to wear a compress—just as soon as the soreness subsides.

In looking up the literature upon hydrocele in woman, I find that Hennig, of Leipsic, read a paper on the subject before the Gynæcological Society of Germany, and he says he can only find 39 cases and that he had only seen two.

Correspondence.

MALICIOUS PROSECUTIONS FOR MALPRACTICE.

To the Editor of THE CANADA LANCET.

SIR,—A law suit, interesting to the profession has just closed in which a patient sued a Dr. for malpractice. The jury contrary to the opinion of medical gentlemen who were acquainted with the facts of the case, returned a verdict in favor of the plaintiff.) The Dr. carried it to the higher courts and asked to have the verdict of the jury quashed or be given a new trial. The judges quashed the verdict, not even giving the plaintiff the benefit of a new trial. This case illustrates the unfair treatment our profession receives at the hands of a jury, and the annoyance and very heavy pecuniary loss we may be subjected to at the hands of our patients. Had this Dr. not been financially "solid," he would have been forced to accept the verdict of that jury and been at the expense of \$2,000 because some malicious or ignorant persons saw fit to prosecute him. I believe it is to the interest of the profession to make common cause against all law-suits for malpractice. I am informed that a jurymen once said, "He is a Doctor; they put it to us, we have him now let us put it to him." And every case of success against a Doctor for malpractice encourages other patients to sue their Doctor. Only the other week I was consulted by one who was going to sue his physician for
I advised him against it, when he argued

in reply : "So and so got damages against Dr. —, and so and so against Dr. —, why shouldn't I succeed also."

If the Editors of the LANCET and *Practitioner* would act as a committee who would receive subscriptions from every member of the profession whenever a trial for malpractice came up, and apply it as a common fund for the defence of such trials, we would then be able to get justice, and the success of malicious prosecutions would not then be heard of. This is a suggestion on my part, but I trust the profession will take some definite steps to establish a common defence fund for mutual protection.

Yours, etc.,

EDWIN G. KNILL.

Reports of Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

The regular meeting was held Oct. 5th, Dr. Stark, President, in the chair.

Dr. McCargow exhibited a specimen of an enlarged heart. The heart and pericardium weighed 30 ozs. There had been from 5 to 6 ozs. of fluid in the pericardium. There was a large deposit of lymph and fibrin, and the surface of the pericardium was much roughened.

Dr. Malloch brought before the Society a patient aged 21 years, whose right knee he had excised on the 1st of May of this year, the man walked in without crutch or stick, having a thick-soled boot on the affected side. Dr. Malloch read the following notes of the case. The operation performed under strict antisepticism, was that of Dr. Fenwick of Montreal. Watson's splint was used with paraffine bandages. The knee was dressed only four times between the day of operation and the 10th of June, when the original splint was changed as the paraffine had become soft from the heat. Plaster bandages were then used, the soft parts were firmly healed, though of course union had not fully taken place. The patient was then allowed up on crutches and subsequently to put his weight on it. The pieces of bone removed showed unmistakably that there had been ulceration of the cartilages. The patient has never suffered in the least from the knee since the operation.

Selected Articles.

**THE PLAINT OF AN AGGRIEVED
UTERUS.***

In presuming to ask your attention to a communication from one not of your number, I feel that a few words of introduction would be proper. I am, or at least I think I am, a much wronged Uterus. For a long time I have felt that the medical profession was not acting with fairness toward me;—that, on the contrary, I am made the object of unjust suspicion and annoying espionage. I am the victim of constant fault-finding and accusation. Contrary to all rules of law and justice, I am continually called on to prove my innocence,—am never allowed the benefit of a plea of "not guilty." Certain members of your profession have gained the ear of my hostess, and have inculcated a bitter prejudice in her mind against me, so that I am looked on by her, on all occasions and under all circumstances, as the one peccant organ concerning which nothing good could be credited, nothing evil disbelieved.

My innate modesty and shrinking timidity have thus far prevented me from giving voice to my complaints, and I was not without hope that meekness and patience would one day bring their promised reward. But events of late seem to shape themselves more and more adversely. Any anticipation that time would bring relief seems about extinguished, and I am almost ready to prostrate under my accumulated troubles. Oppressed by gloomy forebodings, I yet felt that existence was worth at least a little more of struggle and effort, and, while revolving in my mind what I should do, the idea suddenly occurred to me to lay my grievances before you, in the hope that I might gain a hold on your sympathies, and possibly secure a champion who would enlist his efforts in my cause.

To specify, then, more particularly the matters I complain of, shall be my first business. You are all acquainted with my hostess. You know she is rather thin in flesh, not very well nourished, with feeble and easily disordered digestion, nervous, whimsical; her social and domestic relations not always pleasant, with a good deal of unoccupied time on her hands (she doesn't keep house), a couple of children (who are taken care of by their grandmother), and much afflicted with headaches. You know, also, that she very rarely acknowledges that she feels well.

To give you an idea of how we have been getting along together, it will be necessary to go back a few years. For a considerable period after I began to perform my physiological duties, we got

along well enough. But by and by, late hours and undue indulgence in sweetmeats began to tell on my lady's digestion, and, as a consequence, the supply of the particular material necessary to the proper performance of my duties becoming deficient, both in quantity and quality, I could not perform them well, and we had a little trouble. The old family doctor, who was consulted about it, told her mother, among other things, that late hours and excitement, and dissipation were bad for her, but things went on in the same way, nevertheless; I, meanwhile, doing the best I could. One day, however, my hostess heard of some great man, who had been away off somewhere, and who could effect almost anything in the line of relieving afflicted females short of a miracle; so she began to complain more and more in the hope that she might induce her parents to send her to him. And an unlucky day it was for me when she succeeded, as she did. So away we went—the Great Man was seen—and with a wise shake of the head, he said: "Miss, it's your womb." Well, I was astonished—I wondered what I had done—I couldn't think what he meant. I wasn't very long in finding out what he proposed to do in the matter though. A short time afterward I felt something cold, and then I saw a great round opening to the light, and immediately the Great Man's eye came into view. I was so startled and confused, I didn't observe much that he did, but before he quit he had pushed a hard, smooth stem up into my cervix, and I had to wear it there ever so long.

I believe after awhile that my hostess began to think she was better. She went back home at any rate, and began the same routine of life she had followed before. My work was often interfered with by imprudences on her part similar to those which had caused our first trouble, and we didn't get on at all as we should have done. So after awhile away we went to see the Great Man again. This time he introduced me to a crooked, twisted sort of a thing. I heard him say it was a pessary, and he made me ride on that to correct my malposition as he called it. I didn't like this treatment a bit, and soon let them know it, so they very soon took the thing away, and my hostess went home again rather hastily. I wondered why she didn't stay longer, as she did the other time—and that was soon explained, too—there was to be a wedding. Well, that came off in course of time, and as I never gossip about family affairs, even if I am ill-treated, our narrative will be interrupted for a time.

Not so very long after this—just as I had expected too—I found I had another duty to perform. I was glad of it, too, for I hoped by doing my best (as indeed I had always done), I might regain my hostess' regard. How well I did, you can see for yourselves any fine day, if you will only peep over into his grandmother's yard—as fine a boy as any—

* Recently read before the Medical Society of the State of West Virginia, by L. D. Wilson, M.D., of Wheeling, West Va.

body's boy. But I wasn't altogether fortunate in my endeavor, for I had the misfortune at one period of my efforts to lacerate my os a little. This I looked on as a trifling occurrence at the time, as it soon healed up again and seemed all right, but eventually I found out my mistake.

My hostess, through nursing and some domestic disappointments, did not seem to get along very well, and after some months we went to see the Great Man again. And would you believe it? "Madame, it's your womb," again. And then he began talking about some other great man. I think he called him Emmet, but I was so set back at the idea of being accused of causing all the trouble my hostess was having, that I didn't attend to much that was said. The result of this conference was that I was vigorously attacked with a lot of sharp tools, scissors, needles, knives and the like. My os was cut where it had been torn, it was stitched up again, and my hostess spent a month in bed. I never could understand what the man did this for, but it all healed up very much as it had done before; and the rest in bed did madame much good. But I had it all to undergo again after the little girl was born. That time my os was again torn, and it hadn't healed up very well, though I believe, if they had only kept madame at rest and given us a little more time, it would have been all right.

Since then we have been getting along very much as before. Sometimes pretty well—sometimes not. We've been to see the Great Man a time or two since, but he doesn't seem to know what else to do. I've been torn open and I've been sewed up, and that seems to have taken him about to the end of his string; so matters are about as I described in the beginning. The old doctor drops in now and then to see the children, but he doesn't seem to concern himself much about madame. He tells her mother she will come around all right some of these days. I occasionally hear him tell about the doings of some of the great men of your profession, gynecologists he called them. The Great Man we went to was one of them. I heard him once tell about how one of these, I think he called him Sims, used to slit open our cervixes to cure all our hostess' complaints, and then, right after him came the other man I mentioned, Emmet, who cured these same complaints over again by sewing up those slits. Being a simply constructed organ, then, and having such a limited field of usefulness, it cannot be otherwise than that I am subject to very simple derangements; and that the effects of these should not differ in any material respect from similar derangements in similar structures anywhere else. An abrasion or laceration in the mucous membrane of my hostess' mouth ought to produce pretty much the same effects as when they are located in my os, and they ought to be amenable to pretty much the same treatment.

In my search for knowledge about myself, I accidentally glanced one day into an instrument-maker's catalogue. Here was a find. It made me dizzy to look through it. Such a lot of queer, crooked, ugly and savage-looking things, no uterus ever imagined. I thought I would look over the list of such instruments as are used in the treatment of the less serious disorders attributed to my kind, and this is the result: There were 62 speculums (one of these is what the Great Man looked at me through), 31 dilators, 7 uterotomes, 8 scarifiers (scare-ifiers I first read it), 113 pessaries, and sounds, and depressors, and elevators, and replacers, and uterine forceps, and curettes, and applicators, and syringes, and retractors, and oh, I couldn't name them all in an hour. I counted 273 of them, and then quit. I was impressed with one thought, and that was, that these gynecologists must be a wonderfully industrious set of men. Remember, too, that I only counted those instruments which are used in minor uterine surgery, as it is called; I got tired before I came to those used in removal of tumors, vesico-vaginal fistula and the like; there must be one or two hundred more of these.

I started to find out if I could what gynecology was founded upon, and I found that if I were left out, there would not be much of the specialty left. It was about what I had expected, and yet it made me uneasy. I wish I didn't occupy such a prominent situation. The gynecologist, you know, looks at the world through a speculum, and, as I am always at the other end of it, he has some excuse, I suppose, for considering me to be the foundation on which the structure of his fortune and fame rest. But this thing of having a lot of busy, inventive, ambitious men continually at work contriving new reasons for doing new things to me, and devising new instruments to do them with, opens up a prospect which is far from reassuring. What I most dread is the legitimate and inevitable result of this state of things. Under the stimulation of emulation, honorable and otherwise, every square inch of my os, cervix and mucous lining is continually interrogated, and its various states of anæmia or hyperæmia, congestion, active or passive, redness or paleness, minutely dwelt upon, the tilt of my body wisely scrutinized, the depth of my fundus carefully probed, every segment of my muscular wall solemnly investigated, mucous follicles inspected, epithelial lining examined, secretions analyzed and differentiated, every constituent part of myself worked over and compared with some ideal standard, which each individual investigator has set up in his own mind as representing the normal condition. All this concentrated attention directed to an organ which is three inches long, two inches broad, an inch thick, and which weighs from an ounce to an ounce and a half.

I should be sorry if anything I have written should give you the idea that I have not a very high regard for your profession. I admire this never satisfied spirit of investigation which possesses so many of you medical men very much. It is a grand endowment, and too much cannot be said in praise of its efforts and achievements, only, I think I have been receiving a little too much of its attention lately. How would it do to have a little change? Suppose you try the plan* of resting yourselves by changing the field of inquiry. Now, there is my friend at the other end of the avenue, the Hymen. Why not take that up as a subject of investigation? Here we have blood vessels, and nerves, and mucous membrane, and epithelium; surely there must be some pathology where we have so many of these. Then it is constantly exposed to injuries of various kinds—lacerations even. These alone would furnish a fine field for such of you as may be fascinated by such dreadful things.

Then there are my neighbors, the Ovaries—no, I'd rather not—that's a little too near home. But there are the liver and kidneys, and a dozen other organs; organs, too, which are complicated in structure and function, and which you cannot get at very readily to do harm to; these will bear any amount of scientific inquiry, and, by engaging in it, you stand a much better chance of advancing the claims of your profession than you will by poking around me all the time. And there is the nervous system. This is another fine field; perhaps, the most promising—certainly the most mysterious of all, and I am strongly of the opinion that if it is diligently worked you will find here the origin of the greater part of the mischief which you now attribute to me.

To be candid, I don't care what you do, or what organ or system bears the brunt of your scientific questioning, just so I escape. I have become the embodiment of undiluted selfishness. All other organs may defend themselves as best they can. They never tried to help me any, and I am not sure that some of them haven't done what they could to get me into trouble.—*Col. and Clin. Record.*

SPRAINED JOINTS.

BY EDMUND OWEN, F.R.C.S.

A sprain is the result of a twist or wrench which has stretched the fibrous capsule of an articulation and its synovial membrane, but which has not sufficed to cause either fracture or dislocation. The injury should be treated upon exactly the same surgical principles as those which guide us in dealing with a fracture or dislocation of a joint; yet a joint which is only "sprained" is somewhat apt to obtain but scant professional attention. Though the com-

mon saying teaches that "A sprain is worse than a break," the unfortunate subject of a sprain is usually contented with doing the best that he can for himself with arnica, cold water, or oil, as chance, experience, or advice may suggest, seeking the surgeon's aid only for the remote and often intractable complications. In unhealthy subjects, and especially in children, want of treatment often entails articular troubles which run a lingering course and may end disastrously; and even with the strong a severe sprain is apt to involve a long-continued enfeeblement of the part.

Immediately after a sprain there is a want of pliability in the joint, due in part to the pain and tenderness caused by the violence, in part to the tension of the sensory nerve filaments from the sudden effusion, and in part also to the mere mechanical effect of the presence of blood and other fluids in and around the joint. In certain situations a serious wrench of an articulation may give no visible sign upon the surface of the body; especially is this the case with the hip, the shoulder, and the spinal articulations, all of which are thickly covered; stiffness will then be the only objective sign indicative of the lesion.

If a joint in the lower extremity be seriously sprained, temporary but absolute rest should be secured by, if practicable, putting the patient at once to bed; by raising the limb on a pillow or in a swing cradle, until the heel is above the level of the chin, so as to hinder capillary and venous congestion, and by applying firm and even compression. I am convinced that judiciously applied compression not only checks effusion, but also promotes the absorption of fluid which has already been poured out, and as a rule the patient experiences immediate comfort from it. At times, however, it is possible that from tenderness of the skin or from mere apprehension, the patient will not submit to the compression immediately after the injury. Then one must be content to apply either the ice bag or an evaporating lotion. Cold plays a double part: by stimulating the vaso-motor nerves it causes a contraction of the small arteries, with the effect of checking further hemorrhage and inflammation and limiting the effusion, and by numbing the sensory nerves it diminishes pain. The lotion should not be used, however, as is often done, as a water dressing under oil silk. It must be applied on a single fold of lint, with the fluffy side outwards, so that evaporation may proceed with energy. The lint should never be allowed to get dry, nor should the limb be covered with the bed clothes.

If a man sprains his ankle while out in the fields, it should as quickly as possible be put into running water, and then be firmly bandaged with strips of wetted handkerchiefs; the boot should be worn, if he can get it on again, for the sake of the compression it affords, but it is better not to re-

move the boot at all until the joint can be bandaged.

Nothing short of absolute rest in bed suffices when a child sprains a joint in the lower extremity; he must not be trusted to lie on a sofa, for he would soon be off it. Where the hip-joint is sprained, the limb should be raised and rest insured in the extended position by the application of the weight and pulley, so that if matters do not clear up there will be no need for further change of position. A sprain is often the beginning of an attack of hip-joint disease.

In the case of the knee being sprained, the leg would be extended; in case of the ankle being sprained, the foot would be put up at a right angle. But in each instance the limb should be carefully bandaged upwards before the compression is applied, or oedema may follow; complete rest would be still further insured by adjusting a splint to the back or side of the limb. Compression may be applied by means of a roller of domette, or by the additional aid of plastic splinting moulded on. With children a well padded, flexible metal splint is of great service, but a casing of plaster-of-Paris and house flannel answers even better.

I have at present two men under my care each with a severely sprained ankle, the part being swollen and discolored and the foot stiff and useless. The foot and leg have been immobilized in well-lined plaster-of-Paris casings, and thus the patients are quickly enabled to get out of bed and go about with crutches, without risk or discomfort. In neither of these men was a fracture to be detected.

When an ankle is greatly swollen from a recent injury, and signs of fracture are not evident, it is not advisable to conduct the examination for obtaining a knowledge of the exact nature of the injury in too inquisitive a manner. If the limb be treated on the principles enunciated above, it will be well either for a severe sprain or a fracture without displacement. Possibly the patient might be unsettled at not being definitely informed whether there be fracture or not, for the oft repeated question of the patient or parent as the surgeon examines the part is, "is the bone broken?" But I am speaking merely of the principle involved in the surgery.

Absolute rest is demanded as long as heat of the surface and intra-articular pains persist. As the pains subside recourse must be had to frictions and rubbings and the use of stimulating linaments and cold douches. The rubbings should be executed always in the direction of the venous and lymphatic return, and may be combined with firm fingering about the part and the rubbing in of olive oil. When effusion persists over the painless joint, one may apply over the joint the even compression of a Martin's elastic roller for a certain length of time each day, the skin being duly protected by a soft covering. This is a highly satis-

factory method of treatment in cases of chronic thickening and effusion. Leslie's soap strapping, too, when evenly and liberally applied over a sprained joint, is an excellent therapeutic measure in the days following close upon the injury.

At other times nothing seems to render such efficient aid as a wetted calico bandage. Compression in some form is needed.

On physiological grounds the early treatment of a sprained joint by poultices or fomentation is inexpedient. The application of warmth produces a vascular fullness of the part, and a relaxed condition of the tissues which are in need of being toned up and strengthened; though if synovial inflammation of an acute kind follow the sprain, leeches and fomentations may not improbably be indicated later on. For the promotion of the absorption of the lingering products of effusion, an alternation of douchings under streams of hot and cold water gives valuable aid. In no stage of the pathological process associated with a sprain should arnica solution be applied. One has met with instances in which painful and serious cellulitis has followed its use, even where there has been no previous lesion of skin. How is it that arnica has earned its reputation in the treatment of sprains, and how has that reputation managed to survive so long?

A surgeon was driving his wife in the country when the pony fell and the occupants of the carriage were thrown out into the road. When I saw him a few hours after the accident, he was wearing his right arm in a sling, the elbow being at an obtuse angle. He said that in the fall the right hand (in which he was holding the reins) and the arm were doubled and twisted underneath him, and that though he was sure no bone had been broken, he could neither bend nor straighten the elbow on account of the severe sprain it had received. He said that on his way home, and certainly well within an hour of the fall, on placing his left hand under the damaged elbow, he found a soft swelling which seemed pretty nearly as large as an egg; his wife could also feel it through his coat sleeve. Having taken the limb out of the sling and removed some water dressings, universal and extensive effusion in the articulation was evident; the distended synovial membrane was specially bulging about the head of the radius. The intra-articular pain was intense. There was no contusion of the skin nor any definite ecchymosis; movement caused great distress.

Beginning at the fingers, we firmly bandaged the extremity with a roller of domette (which from its softness and elasticity adapts itself with delightful evenness and comfort), drawing the turns which surrounded the swollen joint itself more closely and firmly for the sake of compression. Then, having bent to the proper form of the arm a padded, flexible iron splint, and carefully ad-

justed it, the elbow was packed round with cotton wool, and having enclosed all in a second and wider domette roller, and having got the patient to bed, we arranged the arm upon a pillow. The compression and the security afforded by the roller and the splint gave great satisfaction. On the second day we readjusted the splint and the bandages, which had now become slack. Most of the tenderness and swelling had departed. Two days later and at other intervals we tightened the bandage, finding always steady improvement. In ten days the splint was removed and cautious use of the arm was allowed, but for the entire removal of the stiffness a course of shampooing from a professional rubber was resorted to. The effusion which had come on so quickly, within an hour of the injury, was evidently not inflammatory in its nature; probably it consisted of synova, blood and serum.

The other occupant of the carriage had severely sprained her left ankle, which was painful, stiff, and full of sero-synovial effusion. There was no fracture. The swelling was confined within the limits of the synovial membrane; it did not extend up above the external malleolus in the manner so characteristic of Pott's fracture. The treatment adopted consisted in surrounding the ankle with an even layer of cotton wool and in bandaging from the metatarsus upward with a soft roller, the turns of which were continued well up the calf of the leg. The foot thus firmly encased was raised upon a pillow. In a few days all the excess of synovial fluid had disappeared, but the firmly applied bandage was still worn. In a week she began to use her foot, and was finding comfort in having it and the ankle rubbed with oil several times during the day. On the occasion of my first interview the patient volunteered the important clinical statement that after the accident her foot and ankle were fairly comfortable until her boot was removed. Probably if a bandage of plaster of Paris casing could have been applied immediately after the accident, but little effusion or œdema would have occurred. Certainly compression of a recently sprained joint gives results, both as regards expedition and thoroughness, with which those obtainable by the system of evaporating lotions cannot be compared.

If the sprained joint be in the thumb or finger, much pain and want of pliancy may result. A small splint should be moulded on; firm compression with a pad of cotton wool and a soft bandage exercised; and the hand worn in a sling—it should not be left free except for the cold douchings. A few days' absolute rest is expedient.

Even long years after all the local signs of a sprain have passed away, a jerked or sudden movement of the joint, or a change in the weather, reminds the subject that the part is not absolutely sound. Nearly twenty years ago, I severely sprained my left wrist at football, and to this day it has not

absolutely recovered. I cannot flex or extend it as I can its fellow. A sudden movement of it is often accompanied with audible crackling and discomfort. From a close and interested observation of this joint I feel convinced that in the crevices between the articular surfaces of the bones, and against the attached parts of the capsule out of the way of pressure, there are growing delicate and injected fringes of the synovial membrane. The synovial fluid is thin in quality and in excess of the normal amount; there are no adhesions inside the articulation, but there is probably some shortening of the extra-articular fibrous tissues which were implicated in the inflammation—a shortening secondary to inflammatory thickening. Probably this shortening of the fibrous tissues plays the important role of a perpetual splint shielding the enfeebled synovial membrane from further shock and distress. On no account therefore, will these adhesions be broken down or stretched by manipulation; such a treatment is contra-indicated by the pain which closely attends any attempt at more than the accustomed movements of the joint. The very audible crackling, which even a bystander may sometimes hear on working the joint, is the result of the altered synovial fluid being quickly driven by the movements of the joint between the vascular fringes.

Occasionally when a joint has been wrenched by a recent accident, and is in consequence painful and useless, the manipulative examination which it receives from the surgeon is the means of removing much of the pain, as well as of restoring a good deal of the lost function. I am satisfied that such improvement is real, and not merely subjective. Yet because in the weakly and ailing such a therapeutic measure might probably be attended either immediately or remotely by disastrous results, and because of its utterly speculative nature, it is not to be recommended as routine practice, though it may well be kept in reserve for rare and special occasions. It certainly has a close and important bearing upon the question of bone-setting. A man sprains his ankle; the surgeon examines and reports accordingly; but, because no bone is broken, he perhaps speaks of the lesion in a careless or off-hand manner, and does not insist on the necessity of rest and of other appropriate treatment. So the ankle does not get sound, and the faithless patient resorts to a quack, who at once find "a small bone out of place." Then come a sudden twist and a crack, and lo! "the bone is in again." The patient believes that a bone has there and then been restored to its place because he is at once absolutely more comfortable, and can not only move the joint freely, but can even accept the advice to throw away his crutch or his stick, and walk on his damaged foot without further help. Perhaps he is told to go home and apply ice; and at any rate from that time he con-

siders himself to be and indeed is—cured. Forcible manipulation is, of course, the bone-setter's panacea. I have known him employ it in the case of fracture of the surgical neck of the humerus, and as may be expected, with very serious results. In the case of recent sprain, however, the patient cannot but believe that the bone-setter's statement is true, because, beyond a doubt, his manipulation has proved effectual.

The following report illustrates the point: A gentleman of highly nervous temperament came to me with considerable bruising of the deltoid, the day after receiving a fall which might have been attended with much more serious consequences. The arm was so stiff at the shoulder-joint that he could not raise it to dress himself, nor could he touch the ear of the opposite side whilst his elbow was brought towards the front of the chest—it remained permanently though slightly abducted. Any movement of the arm was attended with pain and distress. There was no definite hollow beneath the acromion process, nor any other unequivocal sign of discoloration. There was a great element of obscurity in the case; the patient was in pain and apprehension, and expressed his fear that the shoulder-bone was "out."

A consultation on the case was not obtainable, and the course of action had to be decided. So, to err upon the safe side—if error there might be—and in order to make a thorough and practical examination of the joint, I agreed with him that there was "displacement of the shoulder-bone," and laying him upon the floor, with my heel in the axilla, I flexed the fore-arm to slacken the biceps, rotated and pulled down the arm, and then adducted it *vi et arte* and in a most determined manner. There was no click, or the sign of a readjustment having taken place, but immediately on the patient rising from the ground he said that he was much more comfortable; he had lost most of the pain; he could move his arm with comparative freedom; and to his delight, and my satisfaction, he dressed himself without assistance. He was convinced that I had reduced a dislocation. In my own mind I was sure that I had not, but for obvious reasons I did not tell him that the success attending my treatment was worthy of a more exact diagnosis. It is with no sense of pride that I record the case; nevertheless, it might be expedient to adopt this treatment on another similar occasion. With a hyper-sensitive and nervous patient, and a fat or swollen shoulder, it is occasionally impossible to affirm, without the aid of an anæsthetic, that there is no displacement. Traction on the bent elbow, with the heel in the axilla, enables the surgeon to make the necessary examination. Certain am I of this,—that my nervous patient would not have allowed me thoroughly to examine him if I had first said that I thought there was no displacement.

I have observed the same course of events in other cases. For instance, a man has just damaged his ankle, which is now painful, swelled and stiff; a thorough manipulative examination reveals no definite lesion. But immediately after the handling the patient finds the foot so much better in every respect that he talks too lightly of his injury and wishes at once to walk about. Or an elbow, knee, or wrist is stiffened by a wrench. On being thoroughly overhauled, nothing is found absolutely wrong with it; but the patient, though a sufferer during the examination, finds the joint greatly improved by it. The surgeon will rightly refuse to include such a speculative therapeutic measure in his routine practice; but its blind employment by the charlatan is the means of securing many a triumphant success.

Where a limb is stiff from chronic muscular rheumatism, much good may often be done by *massage*, and by sudden movements imparted to it, the stiffness disappearing by magic, whilst no harm can follow the treatment.

Stiffness may follow on a sprain from effusion taking place, not into the synovial membrane of the articulation, but into a sheath in connection with a neighboring tendon. One has often to treat such effusion in the sheaths of the extensors of the thumb and wrist, and also in those of the tendons of the tibial muscles and extensors of the toes. It is, of course, easy to differentiate between an articular and a thenar effusion; the same principles direct the treatment in each case. I have, at the present time, under my care, a wrist which is stiffened from slight effusion into the sheath of the radial extensors; great relief is being afforded by the firm compression and support of a domette roller which is kept constantly wet.—*The Practitioner*.

PUERPERAL SEPTICÆMIA AND ITS TREATMENT.

To comprehend fully the present condition of our knowledge of puerperal septicæmia, we must go back to the suggestive paper by Sir James Y. Simpson, "On the Analogy between Surgical and Puerperal Fever." More recent scientific investigation has worked along the lines of this analogy, and the results have proved that it rests on a sound pathological basis. These results promise to carry us further, and establish not only analogy but identity.

The next important step was the discovery by Pasteur in 1857 of the lactic-acid ferment, which gave birth to the germ theory of disease. This theory found in the hands of Sir Joseph Lister its most fruitful application to surgery, and it was only one step further to carry it into the province of obstetrics. Nothing is more remarkable than the eagerness with which practical obstetricians have seized hold of the principles of antiseptic

treatment laid down by Lister; the only misfortune is that our treatment has shot so far ahead of our pathological data that we may expect a reaction similar to what has occurred in the province of surgery. These data are, however, being slowly accumulated, mainly through the work of Pasteur and those who work under him.

Although we must wait for further investigation to determine the exact relation of germs to septic poisoning, there have been established the very important facts that we *have the same pathological changes in puerperal as in surgical septicæmia, and that these hold exactly the same relation to the germ theory.* In most cases of puerperal fever we have simply to do with blood poisoning from unhealthy wounds, identical in pathology with the blood poisoning from an unhealthy condition of the wound after an amputation. The constitutional symptoms are, of course, modified by the puerperal condition, just as the local changes are affected by the peculiarities in the anatomical structure of the post-partum uterus—the condition of the tissues lining its cavity, its enlarged veins and lymphatics, and its hypertrophied parametric tissue. In a former paper I described the normal condition of the tissues in the post-partum uterus, and here we need only point out what a favorable soil the breaking down tissues of the placental site offer for the growth of micro-organisms, and how the removal of the epithelial covering from the whole of the interior of uterus and cervix uteri favors septic absorption. That septic poisoning does not often occur is probably due to accurate apposition of the anterior and posterior vaginal walls (following the expulsion of the uterine contents), which prevents the entrance of germ-laden air, and also retards the growth of those organisms which, as Pasteur has shown, require air for their development. The fact that the epithelium of the vagina is not detached by the passage of the child is significant, as this will prevent septic absorption from taking place through its walls except when lacerated.

The practical conclusion from the foregoing is *that the condition of the interior of the uterus should occupy the same place in the mind of the obstetrician that the stump does in the mind of the surgeon.* The condition of the lochia gives valuable information as to the state of the uterine wound. We must remember, however, that we may have septic absorption going on without fœter of the lochia, as we have seen in one case. We must distinguish between putrefying matter (which will, of course, produce fœtor) and septic matter: *all putrefaction within the uterus after delivery will cause septic poisoning, but not all septic poisoning implies putrefaction.* We have a pathological basis for this distinction in the difference between the microbes characteristic of putrefaction and those described in septicæmia.

The germ theory receives confirmation from the fact that those substances which have been shown to be most effective in destroying micro-organisms have proved most useful in treating septicæmia. It is established beyond question that the washing out of the uterus with antiseptics in cases of puerperal fever is followed by the most remarkable results. Till recent years carbolic acid was the most favorite antiseptic, but corrosive sublimate possesses so many advantages that it is gradually replacing it. Koch's experiments have shown that the latter is much more destructive to microbes. The spores of anthrax bacillus would still grow after immersion for seven days in a 2 per cent. solution of carbolic acid, as also they did after immersion for a day in a 5 per cent. (1:20) solution. But after immersion in a solution of 1-10,000 of corrosive sublimate for from 5 to 60 minutes, the same spores become sterile; in fact, immersion for ten minutes in solutions up to 1-20,000 also sterilised the spores. He places the limit of the action of the sublimate on the spores of anthrax bacillus as lying somewhere between a 1-20,000 and a 1-50,000 solution. His experiments on mice were very interesting. Three spore-laden threads were dipped for ten minutes in solutions of 1-10,000, 1-20,000, 1-50,000 respectively, and then introduced beneath the skin of different mice. The 1-50,000 mouse died next day, as rapidly as if the spores had been fresh. The 1-20,000 one died on the fourth, the 1-10,000 on the fifth day. These last showed, therefore, an extraordinary prolongation of the period of incubation, which may fairly be attributed to the action of the sublimate. The same experiment was repeated with the difference that the spores lay for one hour instead of ten minutes in the solutions. The 1-50,000 mouse died in forty hours; the 1-20,000 mouse died in three and a half days; the 1-10,000 mouse survived. "Sublimate is, therefore, the only one recognised of all antiseptics which possesses the very important peculiarity, that it kills by a single application of a comparatively weak (1-1000) solution for a few minutes all, even the most resistant, spores of micro-organisms; even with a solution of 1-5,000, a single dipping was sufficient."

Another advantage of the corrosive sublimate is its portability. Owing to its solubility in the presence of chloride of ammonium, we can have a very concentrated solution. At Dr. Hart's suggestion, Messrs. Duncan and Flockhart have prepared a solution of 16 per cent.; so that one drachm added to a quart of water gives a solution of 1 in 2,000, which is an efficient antiseptic. It is made up in special bottles provided with a glass cup of one drachm capacity fixed to the cork. Those engaged in obstetric practice will find it a great convenience, as it can easily be carried, and can also be ordered for use by the nurse where it

is desirable to have antiseptic injections given daily during the puerperium. A great deal has been said against corrosive sublimate owing to toxic effects which have followed in a few cases. Koch has, however, pointed out that its action on germs is so rapid that long immersion is not necessary. The practical application of this is that in cases where we might be afraid of too much absorption of the sublimate an injection of water might be given immediately after the antiseptic one without diminishing the effect of the latter. After a vaginal injection given in the dorsal posture, a considerable quantity of fluid may remain in the vagina so long as the patient remains in that posture. This fact and the lacerated condition of the cervix may explain the absorption with toxic results which has sometimes been observed. The 1 to 2,000 solution is now widely used in this country, and we have never heard of any bad effects.—*Ed. Med. Jour.*

AFFECTIONS OF THE JOINTS WHICH COMPLICATE OR FOLLOW SCARLET FEVER.

It serves a useful purpose at times to take stock, as it were, of some group of allied diseases and, while refreshing our memories with the collective wisdom of the past, to compare with it whatever personal knowledge or experience we may have to add to the common store.

With this end in view, I propose considering an important group of complications which are apt to be associated with a disease which has much of interest and importance for every practitioner of medicine. Scarlet fever is truly many-sided, and claims our interest, not only in consequence of its infectious and fatal character, but also on account of the many complications which attend it, and the sequelæ which may supervene when the disease has spent its force.

It has been known since the beginning of the century that in some epidemics of scarlet fever the joints become affected; but it is only in later times through the writings of Underwood, Betz, Trousseau, Henock, and others, that we have any definite information concerning these affections, or any attempt to clear up their pathology.

Trousseau, in his clinical lectures, calls special attention to what he designated "scarlatinal rheumatism," stating that it occurs much more frequently than is generally believed; and he does not appear to doubt its identity, or, at least, close relationship with acute rheumatism, though he notes some of its most important eccentricities. His description has been largely followed in our own text-books, though the accounts given have been meager, most writers, like Bristowe, remarking that scarlet fever is at times followed by

rheumatism, which does not differ from the ordinary kind, though noting the fact that suppuration occasionally occurs. The opinion that the common form of joint-lesion occurring in scarlet fever is due to the rheumatic diathesis of the patient, rather than to any synovitis produced by the scarlatinal poison, has been commonly held by continental and English writers; and in a discussion which took place at the annual meeting of the Brit. Med. Assoc. in Liverpool, in 1883, scarlatinal was held to be essentially the same as the ordinary form of rheumatism. In a short paper which I read on that occasion, I tabulated some cases which had come under my care, and pointed out that they supported the belief that one form at least of the joint affection is connected rather with a septicæmic than with a rheumatic condition. A further experience has made it clear to me that the difference of opinion which existed on that occasion was due to the fact that the difference of observers had really been observing different diseases; that while my cases were all confined to those seen in the fever-ward of a children's hospital, those described by the physicians who took part in the discussion were rather those of adults who had recently recovered from scarlet fever, the former being septicæmic in nature, the latter being true rheumatism.

It may, perhaps, be worth our while to analyze the various forms of joint affection which may occur in connection with attacks of scarlet fever. They may be divided thus: 1. Synovitis; 2. Acute or chronic pyæmia; 3. Acute or subacute rheumatism; 4. Scrofulous disease of the joints.

Synovitis.—Of this form I have notes of twenty cases that have come under my care in the last few years, in which there was a more or less acute inflammation of the joints, and which subsided in a few days without going on to suppuration. It is not easy to say how frequently it occurs, or what percentage of cases of scarlet fever suffer from it, inasmuch as it is much commoner in some epidemics than others. It not unfrequently happens that two of the same family suffer from it. In four out of every twenty cases it was followed by nephritis. It is important to notice that it rarely supervenes in mild cases; at least, such is my experience, though true rheumatism does appear often after light attacks. In my own cases the attacks of fever were certainly severe, the throat symptoms well marked, and an elevated temperature was maintained beyond the average. In an uncomplicated case of scarlet fever the temperature goes down toward the end, or, at least, well within the limits of the first week, the rash disappearing and the throat regaining its natural appearance. Among my own cases, in no one of them did the temperature fall to normal and remain so during the first week, but the fever continued into the second and third weeks, caused in

nearly all instances by the severity of the throat complications. Thus, the tonsils were excavated, or sloughy, the mucous membrane of the nose joined in the inflammatory catarrh, the lymphatic glands were swollen, and often surrounded by cellulitis.

In four of the cases, excluding one who died on the ninth day, the temperature fell to normal within a fortnight; in the remaining fifteen the febrile symptoms did not abate till the third or fourth week. It thus clearly comes out that the synovitis appertains to those cases in which the symptoms are severe, and the fever unduly prolonged by the ulcerative and sloughy condition of the tonsils and soft palate. Of the twenty cases, two were fatal, one on the ninth, the other on the twenty-fourth day. The joints which were most commonly attacked were the wrists and finger-joints, the inflammation often involving the synovial membranes of the flexor and extensor tendons in the palm and back of the hands. The knees and ankles were frequently involved, and, with the latter, the soles of the feet; the hips and shoulders were less affected; movements of the head and neck caused acute pain. For the most part the joints were painful on movement. In no one of these cases was there any definite cardiac complication (see *British Medical Journal*, *loc. cit.*).

In some few cases the wrists only, or knees only, were affected. In one case the synovitis became chronic in the knees, the effusion lasting for several weeks (sixtieth day), but eventually the fluid was absorbed, and the girl quite recovered. In two other cases the synovitis remained exceptionally long, in one case lasting from the seventh to the twenty-second day, and in another from the eighth to the seventeenth; in five only did the pain and tenderness last beyond the week; in the remainder the patients were free from pain in two to five days.

In the majority of cases the synovitis supervened at the end of the first week or beginning of the second, the earliest commencing on the fourth day of the fever, and the latest on the thirteenth, fifteen out of the twenty beginning from the sixth to the ninth day. This knowledge that synovitis nearly always commences at the end of the first or beginning of the second week may be an important element of diagnosis, inasmuch as true rheumatism, when it supervenes, generally does so during convalescence, or, in some cases, at the very commencement of the attack.

The drug commonly given directly the joints became painful was salicylate of soda. It is difficult to estimate its effects on a disease which is, as a rule, so fugitive as scarlatinal synovitis; and I am inclined to think that, in some cases, where the patient was quickly free from pain, this was only the natural course of events, and was not due to the treatment employed.

It must, I think, be tolerably clear from the foregoing account that there is good reason for classing this joint affection outside the pale of what is ordinarily termed acute rheumatism. On the other hand, the symptoms point to a condition which may be termed "scarlatinal septicæmia," arising from the absorption of putrid matters from the ulcerative or sloughing process going on in the throat, and resembling the acute or chronic septicæmia in puerperal cases, gonorrhœa, ophthalmia, or diphtheria.

That synovitis differs essentially from rheumatism may be seen by a consideration of the following points:

1. Synovitis is more common in some epidemics than in others, and occurs more especially in those cases where the febrile stage is prolonged on account of the severity of the throat affection.

2. The joint lesions nearly always supervene at a definite stage of the attack, namely, at the end of the first week; a fewer number of joints are affected than in acute rheumatism; the attacks are more fugitive, and rarely occur.

3. Pericarditis and pleurisy are not common, and endocarditis is very rare.

It must appear tolerably certain that if these attacks were really rheumatic, the scarlatinal poison bringing into activity the latent rheumatism, the frequency of the attacks would not vary with the epidemic, or supervene so constantly at one period, or, above all, would so rarely give rise to peri-endocarditis, as it is well-known that an attack of acute or subacute rheumatism during childhood only exceptionally spares the heart.

Acute or Chronic Pyæmia.—I have already spoken of scarlatinal septicæmia resulting from the absorption of septic matters from the throat; but, in addition to this condition, there is unquestionably a further stage in which phlebitis, septic embolism of various organs, abscesses in the joints, and purulent inflammation of various serous membranes, takes place. Pyæmia is by no means uncommon in scarlet fever, yet it cannot be said that suppurating joints often occur. I have only seen three such cases. In one case, which was fatal on the nineteenth day, there were *ante-mortem* clots in the right internal jugular vein, infarcts in the spleen, minute abscesses in the kidneys, and suppuration in both ankle-joints. In a second case, there was suppuration in the distal joint of the thumb, in a boy who died on the fifteenth day. In a third case, in a boy aged 2½ years, in which recovery took place, there was redness and swelling in the finger-joints on the eleventh day; the next day, pain and tenderness in the knee and ankle; on the fifteenth day, two ounces of pus was let out from the knee; and on the twentieth day pus was evacuated from the palmar surface of the hand.

Acute and Subacute Rheumatism.—Whilst, in children, at least, by far the commonest joint affec-

tion in scarlet fever is the synovitis above described, yet it must be admitted that true rheumatism does sometimes complicate scarlet fever, and is apt to follow during convalescence. What part the effects of the scarlet fever poison plays in producing or calling latent rheumatism into activity, it is difficult to say; it is possible that the tissue-waste leads to an accumulation of effete materials in the system, which, in those prone to rheumatism, brings about an attack. An attack of scarlet fever certainly does seem at times to stir up an attack, or a recurrence, of joint-pain or peri-endocarditis. Thus, in four cases which have come under my notice, who had previously suffered from endocarditis and rheumatism, and who contracted fever, the attack was quickly followed by joint-pain, pericarditis, or erythema nodosum. In one case, John M., aged 9, who was admitted on the eighth day of an attack of scarlet fever, a pericardial rub was detected as well as mitral disease, which latter was evidently old; a few days later, there were joint-pain, and an eruption of erythema circinatum.

In another case, M. E. J. B., aged 13½, admitted to the general wards for acute rheumatism and endocarditis, during convalescence, when she had been free from pain for two or three weeks, contracted scarlet fever. On the fifth day there was a recurrence of rheumatism in the joints; and on the ninth day pericarditis occurred.

In another case, Eleanor H., aged 5, admitted for mitral disease, having suffered from rheumatism six months before, contracted scarlet fever. There was a pericardial friction-sound heard the same day; and on the fifth day there was an erythematous rash. Two brothers, aged 8, and 10 years old, suffered from a mild attack of scarlet fever; during the fourth week, when they were up and about their room, and still desquamating, they began to complain of pain in their joints, which, however, was never severe, and also pain in the region of the heart, with dyspnoea. Both quickly developed both mitral and aortic bruits, and later on pericarditis; one died within three weeks, and the other within five weeks of the commencement of the rheumatic attack. Both evidently suffered from acute or malignant endocarditis. Such cases are of great importance and easily mislead, especially as the joint-pains may be comparatively slight.

Scrofulous Disease of the Joints.—Disease of the hip, or of other joints, is not, as far as I have seen, a common sequence of scarlet fever, though it is quite possible it may happen oftener than I think as the cases occurring would gravitate to the surgical side. Presumably the weakened condition of health produced by the fever predisposed to tubercular disease of bone or other organs. There can be little doubt that an attack of scarlet fever, as a rule, greatly aggravates chronic disease of joints which has already become established. Sup-

puration quickly takes place in a perhaps hitherto quiescent hip-joint, and possibly a condition of septicæmia or pyæmia supervenes. It seems probable that sometimes a joint which has suffered from scarlatinal synovitis may become the seat of chronic disease, though I cannot say I have ever been certainly able to trace out such a sequence. Much of the variance of opinion with regard to the rheumatic or septicæmic origin of the joint-lesions in scarlet fever has, no doubt, originated from the fact that observers have been describing the different forms which occur. Personally, I have no doubt that the form which occurs most commonly in children is of septicæmic origin, and rarely leaves behind any damage to the heart; but it is also certain that an attack of scarlet fever will sometimes cause a recrudescence of true rheumatism, or in some way predispose, so that an attack supervenes in the course of the patient's convalescence.—*Dr. Ashby in British Medical Journal.*

THE RELATIONS OF THE MEDICAL PROFESSION TO THE USE AND ABUSE OF ALCOHOLIC LIQUORS.

While I have no adverse word for what are called temperance or total abstinence organizations, I do not speak as their representative, having no connection with them and not being bound by any pledge to advocate their views or practise their prohibition, but what I have to say upon this occasion is from a purely professional standpoint, and is intended to be a discussion of the use and abuse of alcoholic liquors as strictly related to the science and art of medicine.

Dr. N. S. Davis, as the results of his own careful experiments and observations, combined with the experimental researches of a number of medical men in England, France, and the United States, has formulated the following propositions:

1st. That alcohol, when taken diluted in the form of fermented or distilled spirits, is rapidly absorbed without change, carried into the blood, and with that fluid brought into contact with every structure and part of the human body.

2d. That while circulating in the blood its presence retards those molecular or atomic changes by which nutrition, disintegration and secretion are maintained and the phenomena of life continued.

3d. That its presence retards the elimination of waste matter, impairs nervous sensibility, lessens muscular excitability, and lowers the temperature of the body.

4th. That a part at least (and from the testimony of other observers, I would say the whole) of the amount taken in is finally eliminated or thrown out of the system with the excretions without having undergone any appreciable chemi-

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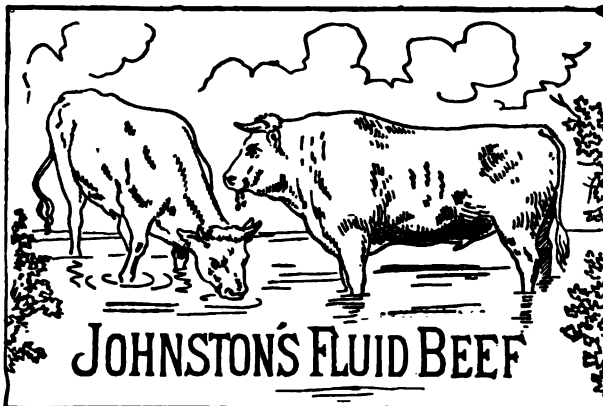
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The Porous Plaster Co. of the Village of Sing Sing, Prop. of Allcock's Porous Plaster, (Star Brand)	0.06	0.062 "

The results of Dr. Prescott's analysis confirm those previously made by Prof. Doremus and Dr. Battershall, and lately by Mr. Wm. Rupp, F.C.S., at their laboratories in this city, and by S. W. Williams, at the laboratory of the College of Pharmacy. Our plasters may, therefore, be depended upon to afford the full and prompt therapeutic effect contemplated by the official formula and expected by physicians. That the same effect cannot be expected from the inert preparations put upon the market by other makers is fully proven by the analysis alluded to, and what is shown to be true of belladonna is equally true of all other goods on the list.

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cal change. As he further remarks, "these facts are as well established as any in the domain of physiology or in the whole field of natural science, and they point, with all the clearness and force of a mathematical demonstration, to the conclusion that alcohol is in no sense food, neither furnishing material for the tissues nor fuel for combustion, nor yet generating either nervous or muscular power." But, on the other hand, I would remark that it is essentially a poison, antagonizing some of the most important interstitial changes upon which the vital forces are dependent, and is the fruitful source, when habitually used, short of intoxication, of the most serious and fatal diseases which the physician is constantly called upon to treat, which can be exhibited most fully by numerous facts readily drawn from the standard literature of the profession. In reply to the second question, as to any compensating advantage to the human family in the relief of disease for the incalculable injury inflicted in the production of disease and the demoralization of humanity by the countenance given to its use and traffic through its recommendation as a medicinal agent, I would say that there is, in my judgment, no conclusive evidence that alcohol has any more power in rectifying morbid processes and removing disease than it has in promoting the vital processes in a state of health. I will go still farther and assert that alcoholic liquors, whatever may be the undemonstrated advantages, have no absolutely defined place in therapeutics and cannot be proven to occupy any distinctive or legitimate position as agents for the treatment of disease; that there are the most discordant, loose, and undefined views in our approved medical works as to their application, and practically no exact therapeutic rules clearly established as to their *modus operandi* in special diseases, or as to the quantity in which they are to be administered, and thus lacking all recognized essential elements of approved and reliable medicinal agents. While this is to a great extent true in regard to simple alcohol, it is to a much greater extent true in reference to brandy, whisky, rum, gin, wine, and the legion of malt liquors, all of which are prescribed by medical men, and the people, following their example, with the most reckless disregard to the systematic and definite purpose supposed to properly belong to the use of agents which have obtained a fixed place in the *materia medica*.

I have for a number of years condemned its use in consumption, as not only not beneficial, but as absolutely injurious, by the aggravation of the malnutrition, which is one of the most conspicuous and essential elements of the disease; and it is now asserted with confidence, to which I am strongly disposed to accede, that its use is really in some cases the cause of certain forms of the disease. The tendency manifestly is, among some

of our most intelligent medical observers, to abandon its use in this disease, and thus drive it out from one of its principle strongholds. I think I can say with perfect candor, in a very laborious and extended professional life, I cannot recall a half dozen instances in which I really believed that life has been saved by alcoholic liquors, and the inclination of my mind is strongly toward the conviction that the time will come, at no very distant day, when alcohol in any of its forms will no longer be recognized as a medicinal agent, beyond its value as a menstruum, extractive and preservative agent, or as the source from which may be obtained some one or more innocuous and possibly beneficial elements.

While individually I do not hesitate to say that I would greatly rejoice in the exchange of the present status of alcoholic preparations for their entire extirpation, believing, as I do, most solemnly, that their use, even by physicians in the unsettled and unscientific manner in which they are largely prescribed, is an infinite evil, and we are not in any way compensated by whatever of good is derived therefrom; yet I fully recognize the fact that many intelligent and reliable physicians, who have my respect, regard alcoholic liquors in some form as important to them in the discharge of their professional duties. I fully recognize the fact, whatever I may individually think of the present use of alcohol or anticipate of the future, as already indicated, that the time has not arrived, and may never come, when the State can deny to the physician the use of simple alcohol, based as it is upon his perfect right to the exercise of his best judgment with the most perfect independence, within the limits of professional approval, in the selection of remedies for the treatment of disease. But if it is indispensable and must be furnished, let it be done under such restrictions and under such supervision as obtain in regard to the sale of other poisons, and as will lessen to the greatest possible degree the liability to a perversion of the privilege, even if it should be necessary to appoint and hold accountable its own agents.—Dr. Logan, *Atlanta Med and Surg. Rep.*

EVOLUTION IN PATHOLOGY.

It needs no foresight to see that pronounced significance will ere long be attributed to the Darwinian aspects of pathology. There has, perhaps, been some tardiness in applying the all-embracing principles of evolution to phenomena, which fall within the special cognisance of the pathologist; but progress in this direction has been made, and, though slow, it has been sure.

Already in this connection several lines of thought have been taken up; and, carefully followed, they promise results of the greatest interest.

Many have been recently recorded in this journal. It has been suggested that enchondromata of the limbs of man and of many animals are growths homologous with structures which always exist in the selachian fin, and that many other so-called abnormal developments may be regarded as instances of reversion. Darwinism teaches that the developmental history of the individual is an abbreviated history of the development of the race to which the individual belongs; and the above suggestion concerning the homology of certain enchondromata is one which arises out of a consideration of the supposed ancestral history of man. Regard, too, must be paid to the inter-reactions of incident forces and living things, for such inter-reactions are largely operative in the production of varieties. There are, in fact, two sets of factors—heredity and environment—concerned in the coming into being of new forms of life. And in the coming into being of new diseases, Sir James Paget has pointed out how these factors are to be considered. There is, again, the matter of correlation (correlation of structures and association of functions), to which Darwin drew special attention; and it seems that a knowledge of it, also, is of profound importance, as serving to throw light upon facts of everyday clinical experience.

Another Darwinian line of thought has been forcibly presented by Dr. Aitken. It has for many years been maintained that close genealogical, or, at any rate, gradational, relation exists between the *materies morbi* of remittent, that of intermittent, and that of enteric, fever; again, between that of enteric fever and that of typhus; between also, that of enteric fever, and that of scarlet fever, and between that of scarlet fever and that of diphtheria. Dr. Aitken has been ably advocating extension of careful observation upon these and such like relations. Those who believe in the germ theory as applicable to most infectious, contagious, and miasmatic diseases, and, at the same time, adhere to the creed of the evolutionist, see no reason for supposing that pathogenic micro-organisms form an exception to laws which are applicable, it would seem, throughout Nature. And, though sceptical concerning many of the explanations which have been advanced in this connection, we may yet allow that some amount of truth lies behind; and this despite the fact that the conversion of bacillus subtilis into bacillus anthracis in the laboratory has been abundantly refuted.

Some incline to a view taken long ago, a view expressed in the statement that, as results of overcrowding, typhus is begotten of man, glanders of the horse, and pip of poultry; and the observation of Sir Thomas Watson, concerning the conversion of a so called simple inflammation into a contagious inflammation, has been referred to as affording corroboration of such a view. In this sense evolution has been regarded as having had to do with

the coming into being of some forms of infectious and contagious virus, and as affording explanation for certain intergradational reactions of such forms of virus upon the animal body. It deserves notice, however, in connection with arguments bearing upon this subject, and drawn from the so-called *de novo* origin of certain infectious diseases, that several micro-organisms, capable of producing infectious and contagious disease (for example, erysipelas and anthrax) can live and multiply outside the animal body, and yet produce their peculiar effects when reintroduced. And again, there is the question of degree of insusceptibility (that which is associated with age, that which is acquired and that which is inherited) which must be fully allowed for. It has been suggested that small-pox may have originated in a tropical lichen; but while our knowledge of disease in lower animals is as limited as it still is—and in the case of variola there is doubtless much yet to learn concerning it, for instance in the camel, in the goat, and possibly, too, in a wide range of animals; and variola may have existed in animals now extinct—we may well hesitate before accepting such speculation.

Dr. Aitken says: "Facts are in request which will illustrate the natural history of cases rather than mere opinions;" and in this remark he does but repeat what has very frequently been said of late years. In some, indeed in large degree response is, we think, being made to these appeals, for we read in the records of work (upon pathological subjects) now in progress, the attentive observation of men trained in each of the sciences, as well as of men deeply experienced in the science and art of medicine and surgery. The mystery of life is yet unsolved, but there is ample cause for taking a bright view of the biological revelations likely to be made even in the near future.—*British Medical Journal*.

THE DOCTOR AS PATIENT.

"The study of medicine and personal devotion to the alleviation of suffering do not insure the doctor against the ills common to all mankind; nor does an intimate acquaintance with the vagaries of the sick enable a physician to pass through his own trials with equanimity. In fact, the doctor is far from appearing at his best in the rôle of patient; he feels as much out of place on a sick bed as would a general officer if he were reduced to the ranks. He has been so long accustomed to command that he finds it very hard to obey, at least, without some sort of a protest.

"During his student days he was led astray by his imagination, which made him suffer from the ills of which he studied. He probably, at that time, convinced himself of the ease with which one exaggerates his own sensations, and learned to disregard his own feelings for the most part. Only

in such a way as this can we account for the neglect in himself of those beginnings of disease which a layman would suppose would infallibly arrest a doctor's attention, as they certainly would in a second person; as it is, he usually disregards his early symptoms and goes about with a temperature higher than that of the patient whom he sends inexorably to bed. He hopes for the best in his own case, as in others, but he fails to prepare for the worst, as he advises his patients to do, for he uses up, by continuing his work, the strength he ought to reserve to carry him through the sickness it needs no angel sent from heaven to foretell. Once fairly prostrate, it is usually the alarmed relatives who summon the doctor, rather than the patient himself.

"And it is no light task for the brother physician who presides over his sick bed to care for the prostrate individual, who insists on discussing the method of treatment, and, with a disordered imagination and weakened intellect, desires to sit in judgment on the conduct of his own case. The patient is apt to be skeptical as to the powers of the drug on which his friend and adviser relies. He suspects his friend of a want of candor in his bedside talk. The little talk outside his door, the ruses of his wife to gain a little private conversation with the doctor, excite his anger. He listens for the noise of the wheels after his friend has left the room, and, if the sound of his chariot is too long delayed, he feels sure that the long-suffering man is delaying at the door to tell what he 'really thinks,' and he takes pains to interrupt the conversation by some abrupt message; perhaps, if it happens to be evening, by saying that it is time to close the house for the night.

"But if he is critical and somewhat skeptical, he learns to know his physicians by their steps, and even the roll of their carriages on the street; and no patient gives them a more cordial welcome, or parts with them more reluctantly. He feels sure that his memory of their kind attentions certainly must be longer than that of certain patients who, according to the familiar lines, whose truth is too often confirmed by experience, forget even the doctor's face when they have recovered.

"He seldom escapes making himself disagreeable to his nurses. It is hard to convince him that it is his own fault that his food does not taste as it ought. He is indignant that his own kitchen can not produce broth as good as that of his neighbor: but the tales of his own peevishness, when he hears them after recovery, he can but believe are grossly exaggerated.

"Nothing is more surprising to the doctor, when reduced to the position of patient, than to find that he himself is subject to like weaknesses as other members of the human family. The nervousness, for which, in others, he has had too little sympathy, shows itself in a thousand ways. The

little noises impossible to avoid, disturb him, and the children of his household seem most unruly. Most strange of all, and most humiliating in his remembrance afterward, he even calls his doctor for nothing. He wakes from sleep, sure he is going to have a chill, or some equally unpleasant manifestation, and when, with grave face and careful attention, his hastily summoned physician has felt his pulse, taken his temperature, and sought for the signs of any possible complication, to inform him at the end that there is nothing to justify his fears, he admires and is grateful for the patience that has borne with his apprehensions, but he feels great curiosity to know what his doctor says to himself as he goes home to renew his broken sleep; and, most of all, he wonders at himself and mutters, 'Is thy servant a dog that he should have needlessly disturbed a doctor's sleep?'

"But especially trying to an invalid doctor is a tedious convalescence. His knowledge of the possible complications and sequelæ gives a wide field of possibilities, over which his imagination wanders uncontrolled, and he is fortunate if he does not become a hypochondriac. He is pretty apt to partake of the lay fondness for talking about the unusual features his case has shown. If he thinks about the matter at all, he finds how difficult it is to know at what length to detail his symptoms to inquiring friends. Unless he keeps his tongue in due subjection, he is apt to realize that few men are really good listeners, and his kind friends, when they are released from his story, may be excused if they say, 'Poor fellow, he needs bracing up.' But really there is some excuse for him if he is a little garrulous; personal experience of pain is different from looking on, but, interested as he is in his own closer acquaintance with disease, his account of it differs little, in the ears of his medical brethren, from the story they have often heard before.

"But a little personal experience of the sick-bed teaches the doctor many things. He certainly learns that a sick man does not look upon things as a well man does, and his charity towards an invalid's whims is greatly increased. He cannot fail, too, to be touched and softened by the many kind inquiries and pleasant messages that come to him. Busy men come and sit down beside him as though the dearest object of their hearts was to see him recover; men who justly plead bodily infirmity as an excuse against the slightest exertion climb his stairs to express their sympathy, and patients who have seemed thankless and forgetful show that they needed only the opportunity to show their gratitude. And, when the sick man resumes his place in life, he is pretty sure to have not merely an increased enjoyment in living, and a better idea of his fellow-men, but also a higher estimate of the value of his own profession."—*Boston Med. & Surg. Jour.*

THE MICROBES OF PNEUMONIA.—The subject of acute pneumonia is one of those which of late has excited a considerable amount of attention, and yet, common as the disease is, it is one which is surrounded by many unsolved problems. Professor Weichselbaum has recently contributed to the Vienna Medical Society, a paper, in which, after stating the prevalent opinions on the nature of the affection, and dwelling especially upon the different opinions held by Friedländer on the one hand and Fränkel on the other as to the precise characters and properties of the supposed bacterial agent, he relates his own experience. He points out that clinicians are divided into two camps upon the etiological question, some regarding pneumonia as solely an infective disorder, others considering that the infective forms are different from those caused by exposure to cold. Weichselbaum, distinguishing between primary and secondary forms, divides them into (1) lobar; (2) disseminated; (3) passive pneumonia—hypostatic, etc.; and (4) lobular. He has examined 127 cases and instituted 87 cultivation experiments, the material for the cultures being obtained one or two hours after death, as well as from the living subject, by means of a Pravaz syringe introduced into the lung and pleura. He distinguishes four kinds of microorganisms. The diplococcus pneumoniæ is the most common, consisting of oval, elliptical, and round cocci, which occur in chains as well as in pairs. The chains are composed of from six to eight or as many as twenty to thirty cocci, are straight or slightly curved, and the cocci are developed in a capsule of varying thickness in proportion to their vitality. The second variety resembles the first, but distinguished by a greater uniformity in spherical shape, and in forming long and sinuous chains. The third is known as the *Staphylococcus aureus s. albus*. The fourth he terms the bacillus pneumoniæ, consisting of rods of different lengths, the smallest and apparently youngest being oval. They have a capsule, and correspond to Friedländer's pneumococcus. The first variety was found in ninety-one cases, mostly of croupous pneumonia, also in the secondary forms. The second, or streptococcus, was found twenty times—namely, in fifteen cases of primary and five of secondary pneumonia. The staphylococcus occurred in secondary cases only, and mostly where the primary disease was due to this microorganism. The fourth kind was met with nine times, four times unmixed with other forms. All these organisms were most abundant in the earlier stages of the disease, being scanty or absent in gray hepatization, and, if present, staining badly or unencapsuled. At the margins of pneumonic focus in the oedematous tissue micrococci were numerous, pointing to the oedema being not a passive process but a precursory stage of pneumonic infiltration, and resembling the invasion of cutaneous tissue in

erysipelas. Moreover, inflammatory changes accompanied by these microorganisms were found in the respiratory tract above the lungs. Secondary meningitis in pneumonia was shown to be due to the presence of the same microorganisms, which were also found in the serous exudations of pleurisy and pericarditis, which might complicate the lung affection. The bacterial origin of the disease was, therefore, held to be demonstrated.—*Lancet*.

THE TREATMENT OF HÆMORRHOIDS.—The old division of hæmorrhoids into external and internal is useful, but is in many ways unsatisfactory. There are many varieties both of external and internal, and there is a distinct class which can scarcely be included in either, and which I have been in the habit of speaking of as intermediate.

Beginning with one form of the external trouble, the patient will give a history something like the following: He or she is in good health, and until a day or two past has never had any symptoms of rectal trouble. Quite suddenly, while about the usual occupations of the day, a sense of pain, just at the verge of the anus, is experienced, which steadily grows worse, until it becomes very troublesome. An examination is made by the sufferer, and a small, soft tumor is felt, which is very tender, and which disappears on pressure, but immediately reappears when the pressure is removed. It can be pushed within the sphincter, and the act gives relief, but it is down again in a moment.

After a few hours and some handling the patient is unable to sit with comfort; but the affair is so trivial that he does not care to go to bed, and so keeps around on his feet, and very likely applies Pond's Extract. After going to bed he feels better, and next morning imagines he is nearly well; but after an hour or two the pain is worse than ever, and the tumor is larger, harder, and more sensitive than on the day before.

If an examination now be made an external hæmorrhoid of one variety will be found.

The tumor will vary in size from a pea to a large grape, and is composed solely of blood clot. A small external hæmorrhoid vein has ruptured, and blood has been extravasated in the delicate subcutaneous connective tissues. The blood shows black under the tightly stretched skin, and the pain is due to the tension.

There are two ways of treating such a tumor. The first and best is to lay it freely open and turn out the clot from its bed. The bistoury should be sharp-pointed and delicate, the tumor should be transixed from the anal surface outward, and the incision should be in the line of the radiating folds. After such an incision the pain will almost instantly disappear. A little styptic cotton should be placed between the cut surfaces, a large towel folded into a pad applied to the part,

and the patient told to sit upon a hard chair, with the compress under him, for fifteen minutes till there is no longer any oozing of blood. The subsequent treatment consists only in bathing with cold water two or three times a day, and the cut will be healed in three or four days.

This operation is so trivial and the relief so immediate that it is generally safe to perform it without any previous explanation to the sufferer; but should it not be permitted another plan must be followed. A cathartic containing podophyllin (pil. podophyllin co.) should be given at once, to secure two or three free actions of the bowels, the patient put upon his back on the bed or sofa, and a rubber ice-bag filled with finely powdered ice placed against the part, and kept there till the pain subsides. Cold usually gives great and immediate relief; but should it not, a poultice may be substituted. Under this plan of treatment the patient will probably be relieved in two or three days, so as to be able to get around with comfort, provided the clot is to be absorbed. In some cases, however, suppuration will occur, and in about a week from the time the swelling first appeared it will open spontaneously and discharge a few drops of pus, to the great relief of the patient. As soon as it becomes evident that this is to be the course of events, poultices should be applied and continued.

Those who have once been troubled with this form of hemorrhoids are very liable to repeated attacks.—*Med. Rec.*

ON THE USES OF PAPINE.—Dr. W. J. Crittenden, of Unionville, Va., gives the following in the *Virginia Medical Monthly* for August, 1886:

In the practice of medicine we are often called upon to treat patients who possess a peculiar idiosyncrasy as to the effects of opium or any of its preparations.

During January, 1886, I was called to see a lady suffering with acute peritonitis. She assured me that she could not use opium, as she had tired of it previously. But I gave her one-eighth grain of morphia sulphate and one one-hundred-and-twentieth grain of atropia sulphate hypodermically, and in a few minutes the depressing effects was noted, both upon the respiration and circulation; the pupils also became visibly contracted. I then tried the various usual substitutes for morphia in succession, but to no effect. I determined to try PAPINE; but not being able to give it by the mouth on account of nausea, and as she objected to the use of the hypodermic needle, I gave her two drachms per rectum, and repeated it in one hour. The result was that she sank into a quiet, peaceful sleep, which lasted for several hours. During the remainder of her sickness I gave her PAPINE, with the most gratifying results. As

soon as her stomach would retain it, I gave it to her by the mouth in one drachm doses.

I have also used PAPINE in a case of uterine cancer, in lieu of morphia. In cases which patients have been taking morphia until it has lost its anodyne influence, PAPINE is well adapted.

Some time ago (in absence of the family physician) I was called to see a lady one night, in great haste, who was suffering with malignant disease of the uterus. On my arrival the nurse informed me that she had given her a grain of morphia, with suitable percentage of atropia, every hour for five or six hours, and during the intervals she had given her chloroform, but to no effect whatever. Accordingly, I gave her xxx min. of PAPINE with eighth grain morphia sulphate, repeating it in fifteen minutes, and in a short time she fell asleep and slept for six hours, which was more than she had slept at a time for months.

In pneumonitis, pleuritis, and bronchitis I have found PAPINE to answer an excellent purpose. In dysentery it is useful both as an anodyne and in relieving the tenesmus. In the diarrhoea of children I frequently combine with it bismuth subnitrate and prepared chalk. I have used it also in cystitis. In neuralgia, when I wish an anodyne, I use PAPINE. As an anodyne it is equal if not superior to morphia; and I have never yet seen any unpleasant effects from its use. As a hypnotic I find it to be an agent of great value.

It is inferior to bromida when we simply wish the effect of a hypnotic. But it fulfils the indications when we wish a decided anodyne as well as a hypnotic influence.

BEAUTIFYING THE SKIN.—The *Southern California Practitioner* tells us that in the work on diseases of the skin edited by Professor von Ziemssen, Dr. Heinrich Auspitz, of Vienna, makes the following observations upon this subject:

1. A healthy integument is not necessarily beautiful. Even if all requirements concerning diet, residence, atmospheric and climatic conditions, etc., are carried out, the complexion is often extremely bad. The general condition of health has no influence upon the beauty of the complexion, though it has upon the health of the skin.
2. Cleanliness is a *sine qua non* of the beauty of the complexion, though it does not play a great part in the health of the skin.
3. Water is serviceable to the skin in only moderate amounts and at moderate temperature. Very cold or warm baths, when used to excess, diminish the elasticity of the skin and its power of resistance to external irritants.
4. Distilled and so-called soft water are more suitable for washing, and less irritating than hard water.
5. The hard soda soaps are usually preferable to the soft potash soaps for toilet purposes. The quality of soaps depends upon the quality of their constituents and the thoroughness

of their saponification. Good soaps must not contain free alkali, or any foreign irritating substance. The addition of moderate quantities of perfumes does not materially change the quality. 6. Simple, finely ground powders, such as starch, magnesia, etc., are entirely innocuous, and often act as a useful protection against external irritants. 7. Frequent application of alcohol abstracts the water of the skin, makes it dry and brittle, and impairs its nutrition. This is also true of glycerine. All toilet washes containing alcohol to any considerable extent should be avoided. 8. This is true to a still greater extent of other additions to washes, such as corrosive sublimate, mineral acids, certain metallic salts, etc. 9. Camphor acts merely as a bleaching powder. This is also true of benzoic resin, sulphur flowers, and substances containing tannic acid. 10. The use of sweet-smelling oils and fats should be employed to a greater extent than is now done for toilet purposes. 11. This is particularly true with regard to the growth of the hair. The nutrition of the scalp should be increased by the rational application of fat (for example in the form of oil baths by means of the application at night of a sponge soaked in oil upon the scalp), and the greater use of simple pomades. These should be applied to the roots of the hair rather than the shafts. 12. Substances should be avoided, or sparingly used, which abstract water from the skin and the roots of the hair.—*Med. & Surg. Rep.*

THE TREATMENT OF PLEURISY, DA COSTA.—

1. *Acute Pleurisy*.—In the early stage, when effusion has not yet taken place, the question arises, Shall we employ local blood-letting? In a young, vigorous adult it is good practice to withdraw from f3viiij-xij of blood. Follow the cups by a poultice, on which place sufficient laudanum. This is a comfortable application. If we do not employ venesection, poultice at once and use counter-irritants. Subcutaneous injections of morphia in small doses near the inflamed pleura are of great value. It is of importance to keep the patient under the influences of an opiate. Dover's powder is a convenient form. Control the circulation by the use of tincture of aconite, in drop doses every hour, as indicated by the heart.

When effusion has taken place, do not cup; nor is aconite indicated, since the heart is displaced. At this stage, the acetate of potassium and digitalis are of great value, ʒ ss of the acetate to be given in liquor potassii citratis, in the twenty-four hours. Digitalis may be advantageously combined with the above. In a strong man, when the effusion persists, jaborandi is often of decided value. The iodide of potassium is a most useful agent when the effusion tends to linger. During its use, add small blisters, repeated occasionally. Often in these cases a gentle mercurial impression will start the

effusion; then follow up with diuretics as well as diaphoretics. Sustain the strength, especially in lingering cases, by the use of stimulus.

When the effusion is overwhelming, the question of paracentesis comes before us. When delirium begins, and circulation and respiration become irregular, then it is time to tap. If the effusion be double-sided, then aspirate; but, as a rule, a double-sided pleurisy occurs in tubercular patients, so that tapping will not materially lengthen life.

2. *Chronic Pleurisy*.—This is both medical and surgical. In the medical treatment we have two remedies of great value, to wit: Basham's mixture, f3ss, ter die, with strychnia, gr. ʒss, ter die. Begin their use before pus has formed, for then only surgical means are of avail. The second remedy of utility is the iodide of potassium, to which add the use of small blisters. When irritative fever sets in, use quinia and digitalis. In weak persons, ol. morrhue is of great benefit. Chronic pleuritic effusion may sometimes be removed by half-drachm doses of fluid extract of jaborandi, given two or three times daily, just sufficient to keep up free action of the skin and kidneys.

When surgical treatment becomes necessary, some advise tapping always when fluid is present. Prof. Da Costa does not employ tapping as frequently as he did: the after results are not always favorable. Always select your cases for the operation.

The following directions are suggested for the operation of tapping: 1. Never tap until you have tried medical means. 2. Don't wait a day if pus be present. 3. In doubtful cases better tap, since medicine will not remove pus. Suppose your patient should take medicine for six months, and no result, when suddenly some fever develops: you may not fully believe that pus has formed in this case, but "tap, anyway." 4. Better tap more than once than leave a drainage tube in the cavity. 5. In large purulent effusions the tube may be used, but it produces fever.

Injections.—Prof. Da Costa prefers tincture of iodine; carbolic acid may be used, or corrosive sublimate in weak solution.—*Col. and Clin. Record.*

DOVER'S POWDER AND ITS MODIFICATIONS.—"If I could envy any one, as a therapist, it would be the old physician who originally had the happy thought of blending astringent opium with relaxant ipecacuanha, and both with a diuretic and laxative. I suspect that Dover's name, though so little is known of the man himself, is more frequently quoted than that of any other physician. This by the way; that which I have in my mind is to suggest that it is often very good practice to modify Dover's powder by combining the one grain of opium and the one grain of ipecacuanha with other salines than sulphate of potassa. The true Dover's powder contains nitrate of potassa as well

as sulphate, four grains of the nitrate to four of the sulphate, and it often seems to me reasonable to revert to this form, the nitrate of potassa being, in small doses, a good diuretic. I also very often venture to prescribe the powder with other modifications of the saline part, and with advantage. In acute rheumatic fever I usually substitute sodium salicylate for the potash salt; in gout, bicarbonate of soda; in remittent febrile cases, two grains of quinine with five of sodium salicylate; and in tonsillitis and other febrile throat affections, chlorate of potassa. It would surely be worth the time and skill of one of our scientific pharmaceutical brethren to prepare and bring out a series of Dover's powders in these modified forms.—*The Asclepiad*.

A DANGER FROM PUBLIC BATHS.—An interesting case is recorded by Dr. Aubert, in which blennorrhœa was communicated by means of a bath. A lady consulted him for her child, aged 4 years, who, for some days, had had an abundant vulvar secretion. The child also complained of pain and burning in passing urine. In relating the case the mother stated that she herself had, for some weeks, been affected with a like discharge, and her husband with a urethral discharge. According to the lady's husband, this was due to drinking turbid wine; an explanation which, as it was satisfactory to the lady, was not questioned by the medical man. A microscopic examination revealed the gonococcus in the discharge from both mother and daughter. On further inquiry it appeared that the child, three or four days before the appearance of its discharge, had taken a bath with its mother. No other possible source of infection could be thought of. In the same family there was another child which did not have the bath, and which escaped the infection. Professor Filippi, of Florence, commenting on this case (*Lo Sperimentale*, October, 1885), relates that, during the previous year, fifty-five little girls were infected with vulvitis at the public baths of Santa Lucia at Florence. Some of the children also contracted severe purulent inflammation of the eyes. The only explanation of this outbreak was, that the contagion had been deposited in the water by some woman or child already infected. Professor Filippi goes on to remark on the hygienic and medico-legal aspects of the case. It is not always possible to make sure that people making use of public baths are free from every sort of infectious disease. Unless, therefore, the supply of water be undergoing constant renewal, the water ought to be changed for each person. The forensic aspect of the case is also important. When a child, with vulvar discharge, is brought for examination on account of a supposed criminal assault, the above-mentioned mode of infection ought to be borne in mind.—*Brit. Med. Jour.*

GANGRENE OF THE PENIS.—Dr. Frank A. Coward, of Huddersfield, reports the following rare case to the *Provincial Medical Journal*:—On the 9th of January, 1886, J. L., æt. thirty-five, a weaver, married, consulted me for a swollen and œdematous condition of the penis. He had not suffered at any period of his life from gonorrhœa, syphilis, or stricture. Had always been healthy, though at times subject to fits of intemperance. Had worked up to the day of consulting me. I ordered him to bed at once. The next day, the 10th, the state of affairs were much the same, except that now a slight discoloration was visible on one side of the prepuce. On the morning of the 11th, the whole of the prepuce and a portion of the skin behind it was one mass of slough; so, with the assistance of Mr. John Martin, surgeon, I placed the man under chloroform, and slit up the mass, and then discovered that the glans penis was also involved, but no signs of a chancre, either hard or soft, were present, nor were any of the lymphatic glands enlarged. From the 11th to the 17th the gangrene spread slowly from the extremity to within an inch of the root, and a line of demarcation having now shown, I decided to remove the organ. On the afternoon of the 17th, again assisted by Mr. Martin, I amputated the penis by means of the thermocautery, about three-quarters of an inch from the root, and the man made a rapid recovery, and was able to return to work on the 5th of February. I have seen him lately; he is in good health, and shows no signs of secondaries, or other venereal complaint. There can be little doubt that gangrene was due to embolism of the dorsal artery.

CONDIMENTS FOR THE SICK.—Dr. W. A. Hammond, (*Jour. of Reconstructives*), writes as follows: "It is rarely the case that sufficient attention is given to the use of condiments in the sick-room; they are often altogether excluded, or the patient is allowed to take them at his discretion, whereas much benefit will frequently be obtained by the judicious employment of these important agents. In certain low fevers of typhoid type, and in almost all malarial disorders, condiments may be largely used with advantage. Probably no one of them is more generally efficacious than black pepper. Mustard is also frequently relished, and we all know how grateful to us in our illnesses a little vinegar has been. In inflammatory affections of the stomach and bowels the stronger condiments, such as pepper, cayenne, mustard, and horseradish, are seldom admissible; but many cases of diarrhœa are very decidedly benefited, especially when they occur in persons who have somewhat run down in general health, by black pepper, cayenne, or mustard, taken in quantities far above those which a healthy person would be likely to ingest. I have frequently known severe cases of diarrhœa to be

cut short by a few doses of twenty or thirty grains each of cayenne, taken either in a little water or syrup. Black pepper is well known to be a remedy of no mean power in the common fever and ague of this country; it will often cut short attacks with as much promptitude as would large doses of quinine."

BELLADONNA IN STERILITY OF FEMALES.—There are few drugs which exhibit so pronounced a predilection to act upon certain structures of the body as belladonna. Among its favorite tissues, those of the female sexual organs may be mentioned. Its employment is followed by more or less benefit in every disease to which these parts are liable. I suppose it has fallen to the lot of almost every practitioner to be consulted by married women who never were pregnant, as to the cause of their barrenness. Apparently they enjoy the best of health, and have never suffered from any irregularity of the sexual apparatus. To such I have on several occasions prescribed belladonna internally, and have found that after taking the medicine for some weeks, they become pregnant. I have seen this happen so often that I am constrained to regard the occurrence as something more than accidental. I shall not venture to theorize upon its action, but will merely mention that I have observed that the external genitals become more relaxed, and the os and cervix uteri somewhat softened and pliable, during the treatment.—*N. Y. Med. Jour.*

THE DANGER OF SELF-MEDICATION.—Examples are plentiful of the risks which attend self-medication, even by medical men, who may be supposed cognisant of the potent nature of the remedies employed. The danger is singularly increased when the drug taken is of a narcotic or anæsthetic character, since by its use the faculty of self-preservation is placed in abeyance, and is unable to direct remedial measures when these have become necessary. A very sad case occurred during the past week, when the wife of a physician died in consequence of an over dose of ether, inhaled to relieve asthmatic attacks, to which the deceased lady was liable. The jury very judiciously added a rider to the effect that they were of opinion that so large a quantity of ether should not have been placed at her command. The lady was away from home at the time, and the reproach, therefore, was addressed to the persons who unadvisedly, if innocently, acceded to her request for a bottle of the drug. It would be some small consolation to think that this and other cases might serve as a lesson to people to use some discretion in employing toxic agents, but unfortunately past experience does not justify any such hope.—*Med. Press & Circular.*

AN ITEM FOR SMOKERS.—It is stated on the

authority of an American contemporary that the watercress destroys the toxic principle of tobacco without damaging its other qualities. It is said to be sufficient to moisten the tobacco with the juice of the watercress to deprive the tobacco of its deleterious effects. If this information may be relied upon, it will prove of especial service to beginners, and may help to spare them the pangs of physical remorse which not unfrequently attend the earlier efforts to acquire what is at best, an expensive and wasteful habit. It is open to question, however, whether if this end be obtained, smokers would not after all prefer the unsophisticated article; tobacco without nicotine is like certain teetotal beers without alcohol (some teetotal beers are, however, not exempt) which only satisfy when thirst is very urgent.—*Med. Press & Circular.*

SLEEPLESSNESS.—Dr. J. Milner Fothergill says of sleeplessness; "One broad rule to bear in mind is this: Opium is the agent where insomnia is due to pain; chloral, where it is due to a high blood pressure in the arterial system; the bromides where there is any peripheral irritation. Opium having a pronounced effect upon the sensory portion of the brain as an anæsthetic, is the drug par excellence in sleeplessness due to pain. Whenever there is a morbid condition in tense tissues, as a syphilitic node, for instance, pain on going off to sleep is set up by that dilation of the blood vessels of the system generally which is essential to brain depletion. The effect of pain is to arouse the brain into wakefulness. Where such a complication exists it is well to combine the opiate with some potent depressant of the circulation, as antimony or aconite. In many cases a full dose of alcohol is sufficient for the attainment of the desired end."—*Brief.*

BORACIC ACID IN CYSTITIS.—In a thesis, on "Boracic Acid and its Therapeutics," by Senor Hermino Moreno for the degree of M.B. in the Lima University, he gives the following formula, as the prescription generally given for chronic cystitis in the Surgical Hospital of Guadalupe, of which Dr. Moreno was intern.

R Infusi buchii, . . 120 grms.,
Acidi boracici, . . 4 grms.,
Acidi benzoici, . . 2 grms.,
Syrup menthæ, . . 15 grms.

Ft. mist. A teaspoonful for a dose. This treatment is associated with washing out the bladder with water. The results are said to be most happy; the majority of such cases being cured in three days.—*La Chronica Medica.*

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EMANATIONS FROM DECAYING ANIMAL MATTER.

It cannot be disputed that the gases generated from putrid animal matter, in a concentrated form, are more or less inimical to health. But we are of opinion that the danger arising therefrom is greatly exaggerated. That the new organisms emanating from decaying vegetable matter, in certain seasons and climates, are very deleterious to those inhaling them, and active agents in causing disease and death, is well established. But that the organisms resulting from decaying animal matter, are equally noxious is by no means so clearly proved. Many scientific investigations *re* the poisonous effects of the gases and organisms, produced by the decomposition of the bodies of animals have been made. While most of the investigators admit that some deleterious effects may be caused from their inhalation for a length of time, when in a very concentrated form, the general tenor of the evidence adduced, goes to prove that these so called septic gases, are not so deleterious as is commonly believed. M. Parent Duchatelet, of Paris, in 1836, made a thorough investigation, regarding the health of those continuously employed in the manufacture of animal grease, glue, musical strings, Prussian blue, etc., and frequently visited all the tanneries, slaughter houses, especially Montfaucon, where the bodies of many thousands of horses, dogs, cats, and other domestic animals, are annually worked up for various economic purposes.

He says that 'nothing could exceed the filthiness of *chantier d'equarrissage*. The enclosures, and the air of the country for some extent around, are saturated with the most disgusting odors.' Yet he found that the employés in all these establishments enjoyed as good health as the same class of laborers in any other occupations. M. Rousseau, of Paris, superintended the dissection of the bodies of animals for thirty-six years; yet he says that neither he nor any of his assistants ever suffered from their occupation, even during the summer.

M. Lallemand says the dissecting rooms established by Dessault, are situated in the top storey of an old decayed house, in a crowded part of the city. The average number of bodies on the tables was from fifty to sixty, and the number of pupils two hundred or more. The rooms were seldom cleaned, and the stench diffused over the immediate neighborhood was abominable. Yet, he says, "we never heard of any disease, which might fairly be attributed to the dissecting rooms, either among the pupils themselves, or the inhabitants of the adjacent houses." Dubois, Dupuytren, Boyer, Andral, Lawrence, Warren, and many other teachers of anatomy all concur in the opinion that 'it is an error to suppose, that the air of a neighborhood is ever contaminated, so as to induce disease, by emanations from dissecting rooms, or that the students ever suffer from breathing the impure air of those places. Did space permit, we might multiply eminent authorities who endorse this view. But to come down to our own experience; we are all aware that many students, in all medical schools continuously inhale while at college, the gases from the dissecting rooms, which must permeate the whole building, and the health of medical students will compare favorably with that of any other class of men or students similarly situated, minus the dissecting rooms. In the many slaughter houses of all our towns and cities, the butchers employed are proverbially healthy, although large quantities of blood, and other parts of the animals, must be continually in a process of decay therein, and the emanations more or less frequently inhaled by them, at all seasons of the year. The mortality of Chicago, Cincinnati, and other centres, where slaughtering of animals for export is largely carried on, does not appear to have been augmented from this cause.

We are fully aware that instances of disease in

armies, said to be caused by the putrefaction of the bodies of men and horses, are recorded. Yet modern history does not appear to bear out this idea. We therefore may be permitted to doubt the alleged cause, especially as physicians of remote times, were not sufficiently advanced, nor had they the means to properly differentiate the various causes of disease, as those of a later period, or the present day have. They would therefore, be more likely to attribute the cause to what so offensively impressed their Schneiderian membranes. Decaying vegetable matter, pools of stagnant water, emanations from the bodies of the living, contagion germs, sewer gas, etc., are admittedly much more potent factors, although not recognised when "coming between the wind and our nobility," than any thing which offends our sense of smell. Therefore the offensiveness of an odor is no test of its unsalubrity. Otherwise the so called health resorts, where certain springs keep the surrounding air charged with sulphuretted hydrogen, and other offensive gases, would become centres of disease, and shunned by all. It has also been said, that persons have been made ill or suffocated by going into vaults where the bodies of the dead had lain for some time, but this is no evidence that the septic gases therein, emanated from the bodies, as many persons have experienced the same effects, from descending into old wells, mines, caverns, and other cavities in the earth, in which there were no bodies of the dead. Recent experiments in a dead-house in New York, have proved that the air of the autopsy and other rooms, contained fewer septic microcosms, than the most favored (Osborne) ward of Bellevue Hospital, which is a one storied brick pavilion, and is considered a model of sanitary construction and arrangement. Many other instances corroborative of the comparative innocuousness of decaying animal matter, might easily be adduced, but space forbids. Enough has been said to establish all we claim. Nor do we for a moment deny the necessity for the interment or destruction of all animal bodies, before putrescence has supervened, not only for the abatement of a nuisance, but in the interest of the public health, save only, when science or art demand these bodies in the interest of, and for the welfare of the living. We write only to remove improper conceptions and fallacies, which have been inculcated by our early teaching, and have been long establish-

ed. While we admit and believe that there is some danger to the living from the decomposition of the bodies of the dead, no relaxation of our efforts to obviate any risk from a contaminated atmosphere should be permitted. But where science or art requires those bodies for any purpose, it is important that all should entertain correct opinions; that useless anxiety and alarm should be removed, and unnecessary opposition, whether arising from public prejudice or authoritative mis-information, thereby obviated.

COLD BATHING.

The value of cold bathing is variously estimated by different members of the profession and the laity. Some physicians believe in its usefulness as an ordinary part of the day's programme, and accordingly, recommend it almost indiscriminately, talking learnedly all the while, about "toning up the system," reaction, etc.; while others go so far as to condemn it unreservedly as a matter of toilet, thinking it a waste of energy. The feeling of the latter is well expressed by the following sentence which we heard from the lips of an old member of the profession, one whose acumen was remarkable, "Are you one of those idiots who goes slashing himself over with cold water every morning?" We read of such men as old Haddon who bathed in the Thames, every morning for the last fifty of his 92 years, ice or no ice. Such cases prove nothing but that a *lusus naturæ* more has been discovered. The truth about the matter probably is, that this, like every other means of promoting health and vigor, must be used judiciously and not as a routine in all cases. This sounds like a platitude, in speaking to the profession, but the laity require education on this point. How many intelligent men injure themselves daily, by the too plentiful use of cold water, under the idea that they are toning themselves up. True they may feel a reaction for a short time after leaving the bath, but this is followed by a depression in a few hours during which nutrition and tissue change are decreased. Such of our population as wear themselves out by the fatigues of business, late hours, dissipation, etc., who waken unrefreshed and miserable, find the stimulus of a cold bath most agreeable, but this stimulus is most objectionable, and it is objectionable for the same reason that an

alcoholic stimulant would be objectionable, viz. : that it enables the individual to draw on his reserve force, and so get through his duties for a few hours, but does not supply any force, or anything which can be changed into force.

Again, many delicate and unsound persons use the cold bath freely, sometimes under medical advice and sometimes not, but in nearly every case to their detriment. Such persons should never use the cold bath, except under careful medical supervision.

The first effects of immersion in cold water are depressant, the surface becomes cold, owing to the contraction of the cutaneous vessels; shrivelled and pale, there is general shivering, quickened pulse and respiration. Now if in a few seconds the system rouses itself and meets the shock, if the skin turn red and glowing, the pulse strong and slow, and the bather feel exhilarated, with a sense of physical and mental well-being, the cold bath may be employed as a tonic. But always on condition that it shall be discontinued before depression again sets in, for otherwise this sense of depression deepens, the lips and extremities turn blue, and the individual feels utterly wretched, which condition may persist for hours or days and the effect of the bath may thus be entirely bad. The reaction so necessary for the good effects of a cold bath, may be aided by friction with a flesh brush or cash towel, or also by a short brisk walk. Old persons, not having much power to resist depressants should use the cold bath with the greatest caution, as should persons, who, though apparently robust, have some organic disease. Some authorities go so far as to credit excessive cold bathing with being the cause of latent albuminaria. The popular idea of *hardening* by exposure, has been shown by Rosenthal, to rest on a scientific basis. Cold baths by training the cutaneous vessels to contract, lessen the loss of heat when the body is suddenly exposed to cold, and thus persons who have in this manner "hardened" themselves are not only less liable to "catch cold," but are also able to endure greater degrees of cold than are those who have not so trained their cutaneous vessels. Again, the stimulation to the circulation which comes on as an after effect, tends to increase the histological metamorphosis of the tissues, as well as to hasten the excretion of the waste products in the body, and thus the bath truly acts as a tonic of the

highest order, both to the nervous and muscular systems. The respiratory system is also reflexly stimulated by the action of cold on the surface, as is evidenced by the sobbing, convulsive breathing, noticed when the water reaches the breast. Ringer recommends cold sponging as exceedingly useful in laryngismus stridulus, and says that a paroxysm may often be arrested by dashing cold water over the child.

The time of taking a cold bath is a matter of some importance; before breakfast being the usual time. This can be well borne only by the most robust, the best hour being about midway between breakfast and dinner, when the system is fully braced to throw off the depressant effect of the cold water, and to rouse to that reaction which has been insisted upon as a *sine qua non*, if the bath be not absolutely harmful.

Another popular idea, that the water should not be entered while the surface is warm, needs to be exploded. The surface and extremities should be *warm* when a cold bath is taken, and exercise should be taken just previously, if necessary, to effect this purpose.

THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The fourteenth annual meeting of the American Public Health Association was held in Shaftesbury Hall, Toronto, on the 5th, 6th, 7th and 8th of October, under the presidency of Dr. Henry P. Wolcott, of Cambridge, Mass. A large number of gentlemen both lay and professional were present, and the proceedings were characterized by more than usual interest. A number of new members were elected on the first day, and the report of the treasurer read, showing a goodly balance in favor of the Association. Dr. Reeves, of Wheeling, Va., read an excellent paper on the "Destruction of night-soil and garbage by fire." Dr. Playter, of Ottawa, read a paper on the disposal of sewage. "Toronto sewers," by Alan Macdougall, followed, and a paper by Dr. Oldright, of Toronto, on "The influence of sewerage on health," with special reference to Toronto. This last was discussed by Mayor Howland, Drs. Covernton, Canniff, Cassidy and others.

In the evening a conversazione was held in the Normal School buildings, Dr. Wilson in the chair.

Dr. Covernton gave a short address, in which, after welcoming the visiting brethren, he explained the position of the Provincial Board of Health, and spoke of the willingness shown by the Government to aid them in their labors. The address of the President was next in order, and it was received with applause. He spoke of the importance attached to scientific investigations, and urged that the Government should begin the work of investigation in the case of diseases which affect the people as a whole. He concluded by drawing attention to the great work which had been done by intelligent health authorities, and believed that still more might be accomplished if their functions were performed in a more fearless manner than had hitherto been the case.

On the morning of the 6th, the President being in the chair, a number of new members were elected. After other routine business, Dr. Covernton read a very interesting paper on "The relation between Sanitary Science and the Medical Profession," by Dr. N. Allen, of Lowell, Mass. It was well received. Dr. Hewitt read the report of the Committee on State Boards of Health, including the subject of "Inter-State notification on the outbreak of small-pox, cholera, and yellow fever."

In the evening Dr. Bell, of New York, presented the report of the Committee on the disinfection of rags. After an interesting discussion, in which a number of members took part, the resolution was adopted.

The following days were occupied with papers on various subjects of interest, by Drs. Bryce, Covernton, Baird and others, and in the election of officers, as follows: President, Dr. Sternberg, Major U.S.A., Baltimore; 1st Vice-President, Dr. C. N. Hewitt, Secretary Minnesota State Board of Health; 2nd Vice-President, Dr. C. A. Lindsley, Secretary State Board of Kentucky; Treasurer, Dr. J. B. Lindsley, Nashville, Tenn.; Secretary, Dr. Irving A. Watson, Concord, N.H. Executive Committee, Dr. Hy. B. Baker, Lansing, Mich.; Prof. H. A. Johnson, Chicago; Dr. Holt, New Orleans; Dr. Rohe, Baltimore; Col. Haddon, Nashville, Tenn., and Dr. Montizambert, Quebec.

THE PROPHYLAXIS OF PUERPERAL ECLAMPSIA.—Supposing that during pregnancy we find albumen present, we should give purgatives and keep the patient at rest and on a milk diet, says Dr. Jno.

W. Byers in the *Dublin Jour. Med. Science*. Both Tarnier and Chantreuil recommend this form of milk diet. All nitrogenous food should be avoided, and a course of iron should be prescribed; if, however, the regular examination of the urine shows that the amount of albumen is large and *steadily* increasing, if there are casts and œdema of the face and upper extremities, and if, in addition, any cerebral symptoms appear, then undoubtedly labor should be induced without delay. Further, if towards the end of gestation the urine become diminished in amount, if there is a good deal of albumen, and if to these symptoms be added the presence of headache, we should at once administer chloral and keep a most careful watch on our patient, so as to be ready to induce labor if convulsions set in. We do not understand why we should give chloral, but we suppose Dr. B. knows what he is talking about. If we had a patient in this condition, we would resort to jaborandi for the drug treatment.

ANTIPYRINE.—The employment of antipyrine in a large number of cases, reported by Pavay in a foreign exchange, leads to the following conclusions: when the temperature reaches 105° and above, as many as 60 grains should be given in four doses administered half an hour apart. This quantity will seldom fail to reduce the temperature very materially, and cause it to remain lowered from six to sixteen hours. Provided the temperature does not exceed 103°, 31 grains divided into three powders and given half an hour apart will suffice to reduce the temperature. In a temperature of 104°, three doses may be given, as in the previous case, of 15½ grains each. If in any case the stomach can not be made to retain the medicine, it may be given by enemata in quantities of from thirty to forty-five grains at a dose. It may also be given hypodermically in a five per cent. solution. Whatever manner it shall be given in, if given correctly in sufficient doses, as indicated by Pavay, the temperature will be reduced and held in check.

TREATMENT OF CHANCROIDS.—Prof. Gross treats chancroids (*Col. & Clin. Rep.*) as follows, if seen a few days after their appearance: Wipe out the sore and under the edges thoroughly with cotton, then apply with another bit of cotton carbolic

acid, being careful to touch all the raw surface and to get well under the undermined edges. The pain caused by the application is but momentary, and is followed by a sensation of numbness, which prevents pain from further manipulations. Now, with a bit of cotton wrapped on a match, touch the ulcer with strong nitric acid. This will destroy whatever poison there may be left. Protect with a bit of cotton. Have the patient bathe the penis in warm alkaline water three or four times per diem. If the prepuce covers the sore, let him use a wash :

R Cupri sulphat., gr. $\frac{1}{8}$
 Acid. tannic., gr. ij
 Aquæ f $\bar{3}$ j M

Place a piece of cotton cloth between the glans and prepuce. A bubo can be aborted by injecting into it an eight per cent. solution of carbolic acid, and the use of compression. If already formed, it may be treated as the original sore.

MANITOBA MEDICAL ELECTIONS.—The first election of members of the Medical Council of Manitoba, under the Act passed last session, took place on the 30th of September. The following territorial representatives from different parts of the Province, were elected : Drs. J. S. Lynch, S. C. Corbett, J. S. Gray, W. J. Roche, F. B. Lundy, M. Macklin, J. A. McDonald, R. L. Thornton, H. A. Husband, D. Young, and D. H. Cameron. College Representatives: Manitoba Medical College, Drs. R. B. Ferguson, R. J. Blanchard, J. Patterson. The first meeting of the Council was held in Winnipeg on the 13th ult., when the following officers were elected for the ensuing year : President, Dr. J. S. Lynch ; Vice-President, Dr. J. A. McDonald ; Registrar, Dr. J. S. Gray ; Treasurer, Dr. S. C. Corbett. The following gentlemen were appointed to represent the Council on the Senate of Manitoba University : Drs. M. Macklin, H. A. Husband, J. S. Lynch, S. C. Corbett, R. J. Blanchard, R. B. Ferguson, J. Patterson. Under the Act powers are granted to the Manitoba University to hold all examinations thus materially lessening the expense to the medical student. The Act also provides for reciprocity in medical registration with other Provinces having similar boards.

NEW (?) PRINCIPLE IN TREATMENT OF PARASITIC SKIN DISEASES.—Dr. Perry, of San Francisco,

writes to *The Med. Rec.* that the cause of failure in the treatment of skin diseases is not due to the powerlessness of the parasiticide, but to the fact that the agent does not reach the parasite. He remarks that the bichloride and iodine are soluble in ether, and that turpentine and benzine dissolve iodine. He prefers the use of the bichloride in ether gr. ii, ad. fl. $\bar{3}$ i. for the reason that it always remains active, while the iodine oxidizes in both turpentine and benzine. The principle is that the ether or benzine penetrates the skin, and reaches into the follicles, thus bringing the parasiticide into contact with the parasite.

THE CHLORODYNE HABIT.—This is another of the many habits which have such a hold upon humanity. The *Br. Med. Jour.* mentions three cases of the habit. The body of a lady aged sixty-two was examined and it was found to be greatly emaciated, not weighing more than fifty pounds, owing to the continued use of chlorodyne, which it was shown, she as well as two sisters who resided with her had been taking for years. The jury returned a verdict of death from continued doses of chlorodyne.

BROMIDE OF ARSENIC IN DIABETES.—Moock (*France Med.*, Feb. 25, 1886 ; *Glasgow Med. Jour.*, July, 1886) reports the case of a woman fifty-four years old, who had probably had diabetes about four years, and who also had phthisis in the stage of cavity. She was much troubled with itching of the vulva. Small doses of bromide of arsenic were given, together with iodoform, and in two weeks the pruritis had entirely disappeared and the chest symptoms were much ameliorated. At first she was given gluten bread, but afterwards she was allowed ordinary bread toasted. The improvement continued steadily for two months, at the end of which time the amount of sugar passed in the urine had been reduced to not much more than one-twentieth of the original quantity, and the chest symptoms were quite checked, although a cavity, of course, remained.

TONGALINE.—This new remedy for Neuralgia and Rheumatism has been used extensively by the physicians throughout the United States, and has been found to control those obstinate troubles more speedily and more thoroughly than any other agent, without causing any unpleasant results. Messrs.

Evans, Sons & Mason, of Montreal, will furnish samples gratis, to all those who apply for the same and are willing to pay express charges on the package. We believe the remedy is worthy of a trial.

APPOINTMENTS.—Dr. J. C. Cameron, late Prof. of Obstetrics in Bishop's Medical College, has been appointed Prof. of Obstetrics in McGill College, Montreal. We congratulate the Dr. on this important appointment. The fact that he went abroad last summer to study the most modern ideas and improvements in this department, is an indication of the zeal and interest which he will bring to bear in the discharge of his duties.

Dr. N. E. McKay, of Halifax, N.S., has been appointed a member of the Provincial Medical Board.

Dr. W. S. Oliver, of Halifax, has been appointed consulting physician to the City Hospital.

A REMARKABLE CASE OF SUPERFETATION.—Five months ago the wife of James Lewis, of Halifax, N.S., was delivered of a fully developed male child, and a few days ago she is reported to have given birth to another healthy infant of the same sex. Both children and their mother are reported in good health. We have written to Dr. Somers, who attended the woman on both occasions, for an authentic report of the case.

OWNER WANTED.—We received on the 13th ult. a registered letter from Montreal containing \$6, but without any signature. We also received \$3, a few months ago without letter or signature from a messenger of the Rossin House, Toronto, but he could not give the name of the party who handed him the money.

FUNCTIONS OF THE PROSTATE GLAND.—Professor Fürbringer from the study of a case of spermatorrhœa, concludes (*Med. Rec.*) that the function of the prostate "is to exert a specific vivifying influence upon the spermatazoa which while in the seminal ducts and vesicles possess but slight vitality, and quickly die when removed from the body unless subjected to the stimulating influence of the prostatic fluid."

AMENDMENTS TO THE QUEBEC MEDICAL ACT.—At last there is some prospect of the establishment

of a central examining board for Quebec. The proposed board will consist of twenty members—ten English and ten French. A clause is also to be introduced providing for reciprocity in registration with Great Britain, Ontario, and any other Province in Canada which shall establish a central examining board.

MIXTURE FOR DIARRHŒA :

R Tr. opii camph. 3 i
Mistura cretæ 3 iii
M. Oil Menthæ pip. ℥. x

Sig.—A teaspoonful for an adult every three hours until diarrhœa is checked.

For infants the following prescription will be more appropriate, and more easily retained on the stomach :

R Vin. Pepsini 3 ii
Bismuth. subnitratiss 3 iii
Glycerini 3 i
M. Aqua q. s. 3 iv

Sig.—Give 3 i. at a dose every two or three hours.

BACILLUS OF DYSENTERY.—Two Italian physicians (in the *Rivista Internazionale di Medicina e Chirurgia*, No. 12) allege that they have discovered that dysentery is caused by the presence of a bacillus not yet described. This parasite they have invariably detected in the fæces of dead patients who have succumbed to dysentery, in the air of hospital wards where the patients were congregated, and in the water of two wells which had been exclusively used for these patients.

ABORTIVE TREATMENT OF MAMMARY ABSCESS.—In referring to the treatment of mammary abscess, Dr. Chase, Millwood, Kansas, writes to the *N. Y. Med. Rec.* that he uses extract of belladonna. The solid extract rubbed up with enough simple cerate to make the mass soft, or fluid extract of belladonna ʒii, tincture of iodine ʒi, painted on the part. He concludes thus: "I never fail in arresting suppurative tumors when application is made any time before the formation of pus."

FEMALE MEDICAL STUDENTS IN INDIA.—The Medical College of Madras has fourteen female students, four of whom are native Indians. The movement was inaugurated by Lady Dufferin, who has done so much for the improvement of the condition of the native women.

SALIVATION OF PREGNANCY.—Dr. Schram finds (*Br. Med. Jour.*) that Bromide of Potassium is the most effective drug for the excessive flow of saliva, sometimes occurring during pregnancy. He states that it is harmless, and yet exercises a distinct effect on the salivary nerves. From a chemical examination of the saliva, ptyalin was found to be absent.

PAINLESS LIGATION OF HEMORRHOIDS.—Dr. Stalord of Manchester, writes to the *Br. Med. Jour.*, that he has ligated piles after the injection of ten drops of a 10% solution of cocaine, without causing the patient the least pain. As the effects of the drug are transient, it requires to be followed by morphia. No toxic effects were noticed in any case.

A medical man who makes liberal use of printer's ink remarked to us a short time ago: "You may say what you like about your medical ethics, but it pays to advertise."

M. SELLAR states (*Br. Med. Jour.*) that he finds great improvement in patients suffering from tuberculosis, who are treated by inhalations of hydrofluoric acid.

WINNIPESAUKEE means (*Med. Summary*) "The smile of the Great Spirit." It will save winking in the drug store, therefore, to simply ask for a "Winnepesaukee."

REMOVAL.—Dr. G. S. Ryerson, oculist and aurist, has removed from Church Street, to 60 College Avenue, Toronto.

The distinguished Birmingham surgeon, Mr. Sampson Gamgee, is dead.

Books and Pamphlets.

ELECTROLYSIS, ITS THEORETICAL CONSIDERATION AND ITS THERAPEUTICAL AND SURGICAL APPLICATIONS. By Robert Amory, A.M., M.D., Member of the Massachusetts Medical Society, Fellow of the American Academy of Arts and Sciences, Fellow of the Academy of Medicine, etc. Illustrated by one hundred fine wood engravings. "Wood's Library of Standard Medical Authors," for 1886.

We cannot withhold our thanks to the publishers for their considerate supply, in type, of the above

heading. A great poet has told us that "nothing in writing is so hard as a beginning." The writer of notices of new books, and especially of those on medicine, cannot fail to corroborate this testimony. At the very start, he is, in the majority of instances, confronted with a string of authorial titles, which very severely test his mental placidity, and perhaps too often induce a sourness of temper which is rather inconsistent with just criticism. "Good ale requires no broom," is a very old and a very true maxim. We seldom light upon a book from the pen of any really able and judicious author, that bespeaks our admiration, with a long tail flourish of collegiate honors and dazzling memberships. But publishers best understand their own business, therefore we simply tender our expression of sympathy with Dr. Amory under the severe trial of his modesty, which he must have suffered in glancing over the title page of his book, an infliction to which, we feel almost certain, he will not be subjected in the event of a second edition being called for; and we must confess that the merits of his work well entitle it to a very large circulation.

Electrolysis, in the armamentaria of therapeutics is destined to play a high and effective role in medicine and surgery. Even as yet in its infancy it has achieved numerous signal triumphs, with which no earnest and benevolent practitioner of the healing art should be unacquainted. An attentive perusal of Dr. Amory's book will amply confirm this commendation. In a general summary, at the conclusion of the volume, the author names the following affections, in which it has proved either positively curative or acceptably ameliorative, viz.: Aneurisms, Effusions, Hydroceles, Hematocoles and Varicoceles, Orchitis, Hypertrophy or Elephantiasis, Nævi, Varicose Ulcers, Eczema, Warty Growths, Wens, Fistulas and Sinuses, Goitre, Hypertrichosis, Urethral Strictures, Cystic Tumors, Extra-Uterine Fœtation.

Practitioners to whose lot it has fallen to contend with any rebellious cases of the above named affections, will assuredly feel very grateful for impartment to them of any instruction which may enable them to arrive at better results than heretofore; and as the method of employing electrolysis, preferentially advised by Dr. Amory, is almost totally exempt from pain, their patients will not be averse to the experiment.

Among the number of bodily ailments mentioned

by Dr. Amory, in which electrolysis has been employed, there is one, which is perhaps less unfrequent than the revealed secrets of evening office consultations might show. Speaking plainly, we allude to obstinate, tight urethral strictures. Dr. Amory's run of practice among this class of clouded moonlighters has probably been but limited, otherwise he might have shed valuable light on the efficiency of electrolysis in this delicate department. Dr. Neuman, of New York, has reported a large number of stricture martyrdoms successfully treated by him, by means of electrolysis; and it is quite probable that a decent proportion of other more reticent members of the profession, who "do good, but blush to find it fame," might give corroborative evidence. We by no means desire to wound the delicacy of our own townsman, Dr. Cassidy, when we state that he has successfully treated by electrolysis, at least two cases of rebellious urethral stricture. We would fondly trust that the faculty of our city could augment this number; or if not, that its reading members will soon be able to do so; and in order to reach so desirable a consummation, no better course can be taken than to purchase Dr. Amory's instructive book, and read it patiently, excusing some American bad grammar.

A SYSTEM OF PRACTICAL MEDICINE, by American Authors, edited by Wm. Pepper, M.D., LL.D., Provost and Professor of Theory and Practice of Medicine, and Clinical Medicine in the University of Pennsylvania; assisted by Louis Starr, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Vol. V.—Diseases of the Nervous System. Philadelphia: Lea Brothers & Co., 1886.

We have received the 5th and last volume of this most excellent work by American authors and are greatly pleased with it. It is devoted to the consideration of the various diseases of the nervous system, and is a most exhaustive treatise on the subject. The entire work is now before the profession, and those who are its possessors have before them an elaborate, exhaustive, and practical treatise on medicine. The total number of articles is 185, written by 99 authors and covering about 5500 pages. We heartily commend the work to our readers.

PHYSICAL CULTURE: First Book of Exercises in Drill, Calisthenics and Gymnastics, for the use of Schools and Colleges. By E. B. Houghton. Toronto: Warwick & Sons.

This book is one of the Canadian series authorized by the Minister of Education of Ontario.

Its aim is to bring the mental powers into action with the physical and thereby improve both. While the author has endeavored to preserve the general physiological basis he has varied the exercises so that different sets of muscles are brought into play successively, requiring sharpness of intellect to follow them up, especially when performed in concert. The "Drill" is an adaptation of the "Field Exercise," and requires no change in case the pupil afterwards enters the Volunteer Corps. The work is well illustrated, the explanations clear and concise and the methods well adapted to fulfil the object aimed at. The part devoted to girls is worthy of the highest commendation.

THE MEDICAL NEWS VISITING LIST FOR 1887, with Erasable Tablet and Thumb-letter Index. Price \$1.50. Philadelphia: Lea Bros. & Co.,

The above mentioned list is published in four styles; dated for 30 patients per week (1 vol.), for 60 patients (2 vols.), for 90 patients (3 vols.) and undated (1 vol). The work contains brief memoranda on examination of urine, disinfectants, poisons, new remedies, doses, therapeutic tables, etc. In short it meets every requirement of the profession, and cannot fail to give satisfaction.

Births, Marriages and Deaths.

On the 29th Sept., Geo. R. Cruickshank, B.A., M.D., C.M., of Ellesmere, to Emma J., daughter of John Downie, Esq., Chatham, Ont.

On the 23rd Sept. Robt. Wilson, M.D., of Mordean, Man., to Bella, only daughter of Robt. Wallace, Esq., Fallowfield, Ont.

On Oct. 13th ult., Dr. Storms, of Hamilton, to Miss Kate Hinch, daughter of Mr. Thomas Hinch, of Napanee.

At St. Louis, Mo., on Oct. 20th ult., Dr. A. Woolverton, of Hamilton, to Miss Colcord, of Hamilton.

On the 21st of September, Dr. McDonald, son of Dr. McDonald, of South Cove, N.S., in the 26th year of his age.

On the 24th of September, J. Steverman, M.D., of Lunenburg, N.S., aged 77 years.

* * * The charge for Notices of Births, Deaths and Marriages is Fifty Cents, which should be forwarded in postage stamps with the communication.

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Original Communications.

REPORT ON OBSTETRICS.*

BY H. M. MACKAY, M.D., WOODSTOCK.

Obstetrics has, during the past year, engaged its full quota of enthusiastic and active workers. And while there has been no specially marked departure by way of new discovery, a great deal of earnest and thorough work, in investigating and discussing the old landmarks, has taken place.

The subjects receiving the greatest prominence were the various operations in the abdominal cavity, for diseased ovaries, Fallopian tubes, pelvic abscess, extra-uterine pregnancy, Cæsarean section, hysterectomy, and Alexander's operation. Albuminuria of pregnancy, placenta previa, and puerperal fever have also claimed their share of attention.

To open the abdominal cavity is now considered so trivial and easy an operation, that the surgeon who is not able to report a series of such cases in his practice, is in danger of being rated as very commonplace. The particular organ upon which the greatest amount of tender solicitude has been expended, of late, is the ovary, which is either an oft-offending or a much-maligned member of the female anatomy, and occupies at present a somewhat precarious place. With the tendency to so frequently, associate the ovaries as a chief factoral cause in so many female diseases, there is, undoubtedly, danger that they may, at times, be unwarrantably sacrificed; and it is scarcely to be wondered at if we now and again meet with protests against a too great readiness, verging on recklessness in "performing capital operations on the possibility of relieving diseases not necessarily fatal

in themselves." And it is quite possible that, occasionally, cases supposed to have been improved by the removal of an ovary or ovaries, have derived from the operation but the benefit of reflex sympathy, that might have been equally marked had a finger or an ear been removed instead. Nevertheless, there is no doubt but oöphorectomy is now established, as an important and successful advance, in obstetric surgery; and though not originating during the past year, it has been on trial, and its claims vindicated as the best, and indeed the only, recourse in many cases where other treatment holds out not even a ray of hope to the patient. The same remarks apply to the removal of the Fallopian tubes.

Ovariectomy, as an operation, has reached such perfection, as scarcely to admit of further improvement.

Cæsarean Section, until recently regarded as a desperate alternative, is now, in view of the confidence with which laparotomy is undertaken, considered an ordinary operation, and recommended to take the place of craniotomy. This is approved of by many authorities. In Crede's clinic, three women are reported as having been subjected to that ordeal, when the indication was merely relative, and delivery would have been easy with craniotomy.

Extra-uterine pregnancy has come in for a good share of attention, and the following opinions have been emphasized: That the disease is not so rare, nor necessarily so fatal, as is generally supposed; that the diagnosis is at times most difficult, as shown by failure at the hands of the some of the most experienced diagnosticians; that early diagnosis is most important. In differential diagnosis the most reliable signs are the absence of the placental souffle and uterine contractions—both well-marked symptoms in uterine gestation. The treatment most in favor is to destroy the foetus early, by electricity or puncture, and then leave the case to nature, long enough for placental vessels to atrophy, before resorting to further operative procedure, when laparotomy is recommended.

Alexander's operation, for misplacements of the uterus, has been tested and its merits discussed at the obstetric and gynecological societies. From these the inference is that the operation has not yet met with a favorable reception.

Albuminuria of pregnancy: The consensus of

*Read before the Can. Medical Association, Aug., 1886.

opinion seems to be that the parturient suffering from albuminuria should be under vigilant observation during the later months of gestation, and the urine frequently examined quantitatively and qualitatively, and in case alarming symptoms should develop, to bring on labor. Should eclampsia supervene, pilocarpine, chloroform, potassae bromide, chloral hydrate, and morphia are the remedies most in favor.

Placenta previa has not yet reached a definite and finally accepted line of treatment, applicable in all cases, and probably never will. The following may be taken as a safe general guide:—Patients living in the country and beyond the reach of immediate attendance, should, on the first alarm of the nature of the case, be either prematurely delivered, or left in the charge of an intelligent nurse, who could plug the vagina, awaiting the arrival of a physician; or, the patient should be moved into town, to be within easy reach, when nature might be trusted a little longer with the conduct of the case. Should hemorrhage become alarming, a choice of three methods is recommended, in each of which prompt action is indicated: First, plug vagina, and await the advent of labor and dilatation of the os. Second, rupture membranes, that the hard presenting part of child may arrest the hemorrhage. Third, to sweep the finger within the cervix, so as to separate the placenta from the lower segment of the uterus. If bleeding still continues, turn, bring down a foot, and either leave the case to nature or hasten delivery, according to the urgency of the symptoms.

Therapeutics.—The subject of antiseptics in private obstetric practice has been discussed, but no definite conclusion arrived at as yet. The general opinion seems to be: Use cleanliness *severely*, and interfere with natural processes as little as possible. In cases that required, or had been subjected to, extraordinary interference, the vagina and external genitals should be gently and carefully sopped with some disinfectant, but on no account with such violence as might uncover abrasions and open avenues for the absorption of products in process of decomposition.

The following remedies have lately come into deserved prominence: Viburnum prunifolium, in miscarriage; jaborandi, in albumuria and eclampsia; cocaine in vomiting of pregnancy, sore nipples

and vaginismus. Perchloride of mercury gets the first place as a disinfectant or antiseptic.

Bibliography.—Many new and valuable additions have been made to the literature of obstetrics during the past year. So numerous, indeed, that a mere list of the titles of the works would occupy too much space for this report. I have had the pleasure and satisfaction of looking into two of them, "The Science and Art of Midwifery," by Mr. Thompson Lusk, and "A System of Obstetric Medicine and Surgery, theoretical and practical," by Messrs. Robert and Fancourt Barnes. Both works have been highly commended, and together make a fairly complete obstetric library for the ordinary practitioner.

A monogram, by our esteemed and energetic president, Dr. Holmes, on "Puerperal Mania," has been well received and favorably commented upon.

INTRACRANIAL INJURIES.*

BY DR. BLACKSTOCK, THOROLD, ONT.

My object in presenting the two cases described in this paper is not to herald any new mode of practice, either medical or surgical, but to demonstrate the possibility of recovery from traumatic injuries to the brain, however appalling they may appear to be. On the 28th of Nov., 1879, a frightful catastrophe occurred in a shingle mill in Saurin, a small village on the North Simcoe Railway. No one seemed to know exactly how or why the accident occurred, but the shingle saw jumped from its attachments, about eight feet to the north end of the mill completely severing the left arm of the sawyer about the middle humerus, after which it cut through four ribs, penetrating several inches into the lung tissue, and inflicting other severe wounds. I will dismiss this case by stating that with the assistance of my partner, Dr. Gould, I re-amputated the severed arm, and dressed the other wounds in the ordinary way, and the patient was able to walk about on the twelfth day after the accident, making a good recovery. In the south end of the mill a lad named Edward Denton, aged twelve, was packing shingles. The balance wheel, the rim of which was about three inches in diameter, parted in two, the end of one

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half of which is supposed to have struck young Denton, who was about forty feet distant, above the ear crushing in a portion of the skull almost circular in shape, and about three and a half inches in diameter, involving the squamous portion of the temporal and inferior portion of the parietal bone. Saurin is about eight miles from Hillsdale, where I was then located, hence I did not arrive at the scene of the accident until about two hours after its occurrence. The boy was lying on a lounge in a semi-comatose condition. I found a fearful looking wound, in which blood, brain-matter and comminuted portions of the skull were freely mixed together, there being in particular one solid mass of brain-matter, weighing at least an ounce, upon the external surface of the wound. I could find but one small fragment of bone detached. There were four distinct openings in the scalp, and upon removing all the clots, both external and internal to the scalp, thus relieving the brain compression, the patient became conscious but could not speak; in fact, it was about six weeks after the accident before he could articulate at all, and even at present writing his powers of speech are not perfect. As might have been expected, there was more or less paralysis of the arm and leg on the opposite side, although he recovered the power of the lower limb sufficiently for purposes of locomotion in about a year, but the arm still remains almost totally useless.

There were in all eighteen fragments of bone, which were removed or came away from the wound during a period of about six months after the accident.

Brain-matter was discharged freely from four openings for two weeks, but the severed portions of scalp finally cicatrized and the patient recovered so far that in about two years after the accident he could earn his own living by soliciting orders for magazines, books, etc. His mental faculties, when I last saw him, were perfectly normal.

The next case I shall lay before this Association was that of a young man named Deans, aged 18 years whose family resided near Gibson P. O., in the Township of Tiny. I was called to see him on the 8th October, 1881.

The patient had gone out shooting the previous afternoon. The event proved it was doubtful which end of the weapon was most dangerous when discharged. His friends found him next

morning in the woods, he having lain there all the previous evening and night, during a heavy rain storm, and conveyed him home.

I arrived there (about 15 miles from Hillsdale) about 2 p.m. on that day. I found the patient stretched upon a sofa with a vertical wound in the upper part of the forehead, nearly in the median line, about three inches in length. Upon passing my finger into the wound I detected the small end of a screw nail, which I tried to remove by gentle traction. Failing in this I seized it with a strong pair of incisor tooth-forceps, directing two strong men to hold his head and shoulders firmly while I exerted all the muscular force I was master of in a vain endeavor to dislodge it. I then with a bone forceps removed a portion of the bone around the opening, after which, by a prolonged and supreme effort, I succeeded in removing not only the nail but the entire gun-breach to which it was attached, weighing in all exactly two ounces. As may be understood the screw nail passed through the projecting end or clip of the breach, and I suspected at first that it had in some way got bent upon itself at right angles, and the portion of it I could not see was caught behind the frontal bone. Therefore during my manipulations for its removal with the forceps I rotated the screw nail, and consequently the entire body of the gun-breach through the whole of the anterior portion of the cerebrum. The flow of brain-matter was so copious during each of such sweeping revolutions of the foreign body that I was forced to place a towel over the poor sufferer's eyes, nostrils and mouth, to prevent his being blinded or suffocated.

Strange to relate the patient was perfectly conscious and sensible during the whole of the operation which must have lasted at least half an hour and at times during the sweeping revolutions of the breach complained most bitterly that I was dragging his eye-balls into his brain. The patient recovered perfectly without a single bad symptom, and without the impairment of any of his faculties mental or physical. My assistant Dr. McGill or myself made several visits to him after the accident for a period of about three weeks. The wound cicatrized in due course and the young man attended school the following winter, and was I believe, preparing himself for a school-teacher, and enjoyed so far as I could learn the very best health. However about one year from the date of

the accident he was at a thrashing bee and was suddenly seized with vomiting and died before I could see him, so that whether his death was in any way connected with the accident or not I cannot state, although a post mortem would have been very interesting.

The treatment in both was essentially similar. Both patients were kept fully under the influence of morphia given in small and repeated doses. I ordered a pledget of absorbent cotton, saturated with a weak solution of carbolic acid to be applied lightly and constantly to the respective wounds. But my main reliance in both cases was the constant application of crushed ice in bladders to the whole of the head for from ten days to two weeks, thus playing, if I may be allowed the expression, a vigorous and successful game of "freeze out," with the threatened cerebral inflammation. Mr. President and gentlemen, the above is a "round and unvarnished tale" of the above cases written in haste and from memory merely. Had I been living in Hillsdale I could doubtless have been able to present you with the gun-breech and screw nail, as well as young Denton in the flesh. I may state, however, that I had the benefit and pleasure of my having friend Dr. Powell in consultation in the case of Denton, and am happy to state that I possess some of the larger pieces of bones removed from the skull of that interesting patient.

THE IMPORTANCE OF CIRCUMCISION.

BY H. G. ROBERTS, M.D., NEW GERMANY, ONT.

This operation is one that has been practised from the remotest ages. It is customary at the present day with the Christian Copts of Egypt, the Abyssinians, and many of the wild African tribes. It is older than the Koran with the Mahommedans, with whom and the Jews it is practised as a sacred rite. By many it is regarded as belonging peculiarly to the latter people. In America it is not practised at all except when circumstances demand it. The original object of the custom was probably the promotion of cleanliness, which is doubly necessary in hot countries. The fact must be apparent to every medical man that the want of circumcision, and consequently the want of cleanliness, is the direct cause of great discomfort and many diseases, both in old and young, even in temperate Canada; and I unhesitatingly say there

are many lives lost yearly, and many suffering from balanitis posthitis, phimosis and cancer, that might be perfectly well, if this ancient custom were more generally practised. As an example of the fatal tendencies which follow a neglect of this operation, I will cite two cases I met with in practice last summer.

1. George K——, æt. 3 years and 6 mos. Was called to see him in July last. Had been under medical treatment for 4 months. Was given up to die of tuberculosis of the intestines. Found him very much emaciated, so weak he could not stand alone. He was evidently at death's door. He had exacerbations for 2 or 3 days of every week, when his temperature would be 103° F. or more, pulse 140 to 160. He seemed on my first visit to have inflammation of every organ between pubes and larynx, as he cried with pain on even the slightest pressure on abdomen or thorax. Face was covered with boils, stools fetid and mixed with blood, which seemed to confirm diagnosis of tuberculosis. Examined the penis which did not look at all sore, found the foreskin so contracted that I could hardly pass the probe; dilated it with dressing forceps and found it was adherent to the glans. Determined to operate having gained the reluctant consent of the parents who were very incredulous. From the state of the lungs and heart, I considered it unsafe to administer an anæsthetic, so I had the boy firmly held. I slit up the foreskin to a little above the corona. Had much difficulty in peeling the mucous lining from the glans, found lumps of smegma behind and adherent to the glans; stitched the mucous lining on either side to the integument, and washed the parts thoroughly with a solution of boracic acid. The boy never had a bad symptom afterward. His fever disappeared, the heart became regular, the appetite good, and he gained flesh and strength very rapidly. To-day he is a strong healthy lad.

2. George G——, æt. 3 years, was always a delicate child, so much so, that he had never walked. When called to see him he commenced to cry, and the similarity of the sound to the noise made by the boy in the former case, attracted my attention and directed my observation to the same organ, which I found in a similar condition. I performed the same operation and with a similar result. The little fellow was soon running around enjoying good health.

I am at a loss to account for so much constitutional disturbance from so small a cause, i. e., the adherence of the prepuce to the glans. Is it altogether reflex irritation? or may it not be absorption of smegma and consequently blood poisoning? I would like to hear from some of your many readers on the subject.

Correspondence.

FOOD VS. PHYSIC.

To the Editor of THE CANADA LANCET.

SIR,—“God sends the meat but the devil sends the cooks.” is so true that it requires no argument, and I am inclined to think no one gets more experience on this painful subject than the country doctors. How many drunkards have been made, how many just on the dangerous brink, have gone down to the pit from bad cooking will never be known, and let me add, how many obstetrical operations have not turned out as expected from the same cause; let me give one case that might have had a different termination. I had been called out of bed, was up a good part of the night, tired and faint, and had to eat or try to eat the vile stuff that was set before me. The case was one I well knew, contracted cervix, with a very slow dilating os. I began to think I should fail, so I declared I must go home, and would be back in two hours. I told my wife for heaven's sake to get me some dinner. A well-cooked mutton chop and a glass of ale made a new man of me, and I went back and used the forceps, and both did well, all owing to the chop. We all know Domine Sampson was a different man, after partaking of the contents of Meg's kettle, to what he was before. Verily, said the Domine, verily I feel mighty elevated and afraid of no evil which may befall me. Now, if those who are in good health suffer so much from poorly cooked food, what must it be to the sick, and woe be unto the patient if the doctor knows nothing about cooking. And how is the young doctor to know if he is not taught? Is it not possible to have a short course of dietetics added to the curriculum. There is no need for more lectures—let the materia medica be purged of all the obsolete articles, and let the time devoted to them and to the preparation of chemicals, be utilized for this subject. Let the student be taught plainly what

food to give in certain diseases and in certain states of the system, and full explanation *why* such food is required. Then how to cook it, and to judge if it is done properly. It is very properly said, send a young fellow into a carpenter shop to learn the use of tools if you intend him for a surgeon. So I say to make a real good physician, send him into the kitchen. Among the sick, food is of as much consequence as physic. Let me also add a word of praise for that excellent work—Manual of Dietetics by Forthergill.

F. C. MEWBURN. M. D.

Reports of Societies.

MEDICO-CHIRURGICAL SOCIETY.

Montreal, 5th Nov. 1886.

The regular semi-monthly meeting was held this evening. Dr. Cameron in the chair.

Dr. Proudfoot exhibited a very interesting specimen, the brain of a young woman who had died from cerebral abscess, following the removal of polypus of the ear about a week before death. The woman had been infected with syphilis some few years ago. The symptoms of abscess were not well defined, or otherwise it would have been a hopeful case for trephining.

Dr. Johnston exhibited a specimen of colloid cancer of the rectum.

Dr. Shepherd shewed a sacculated kidney—part of the cells were filled with pus and part with clear fluid. On microscopic examination it was found to be of a tubercular character. Dr. S. also exhibited a most interesting specimen of stone (3ii and 3iij) removed from the pelvis of the kidney. It is probably the largest specimen on record, and the patient is doing well.

Dr. Kennedy exhibited the ovaries and tubes of a patient, who some years ago had been infected with gonorrhœa; the fimbriated extremities of the tubes were occluded.

Dr. Wm. Gardner gave a paper upon “Glimpses of Abdominal Surgery in Europe during the past summer.” The paper was interesting, but brought out no new facts of interest, not already known to the profession. The Dr. is a great admirer of Mr. Lawson Tait, about whose dexterous operations he chiefly spoke, crediting Mr. Tait (upon hearsay evi-

dence) with performing an ovariectomy and "all being over" in five minutes.

Dr. Trenholme questioned the possibility of even emptying a fair sized ovarian cyst (say of 40 lbs.) in five or even eight minutes, let alone the completing the whole operation in five minutes. Such a statement he would receive with "a grain of salt." Dr. Hingston spoke of Keith's quiet deliberate mode of operating, and the marked success to which he had attained.

Montreal, Nov. 19, 1886.

The regular fortnightly meeting of the society was held November 17th, Dr. Cameron in the chair.

Dr. Major exhibited a patient with paralysis of the left vocal cord, the result of a tumor of the neck pressing upon the nerve. He also exhibited a case of incipient phthisis of the larynx—also a case where the local application of pure alcohol was benefitting a patient suffering from papillomatous growths of the larynx. Six years ago the Dr. had removed some growths but they had returned. All were now removed except one, and the patient was doing well.

Dr. Johnston exhibited a specimen of perforated cystic duct of the gall bladder. A gall stone was found impacted in the gall duct. Dr. R. P. Howard spoke of some of the clinical features of this case. While the patient died from general peritonitis, there was remarkable absence of pain throughout the four days illness—also there was no collapse—these features were unusual in cases of peritonitis from perforation.

Dr. Schmidt showed a specimen of cancer of the liver, stomach and pancreas in same person.

Dr. Geo. Ross exhibited a specimen of malignant disease of the œsophagus, where death resulted from the rupture of an abscess in the brain.

The secretary read a communication from Dr. J. W. Mills, giving some interesting information respecting embolism of the coronary arteries.

Selected Articles.

DISEASE: A STUDY.

BY J. MILNER FOTHERGILL, M.D.

Ease—bodily ease—how little do we regard it in health. When in its place comes disease (*dis ease*) how vividly we realize the advantages of ease. Ease then is a treasure whose value we never properly estimate till we have lost it.

We know nothing of the perpetual restless activity of the intestines till colic reminds us. We never ponder over the complex mechanism of breathing until want of breath forces it upon our consciousness. We never realize all the advantage of motility in joints till that motility is interfered with by disease, or injury. We rarely consider the relations of the brain to the periphery till pain calls our attention thereto; or of the brain to motion until the motor power is impaired, or put in abeyance. Probably few ever think seriously of the sheer pleasure of thinking and being able to think, and what an exquisite delight a cultured brain is, until this power is waning or being lost. Who troubles about the elaborate arrangements for washing the waste *débris* of the body out of it by a water channel, until some obstacle or obstruction to the outflow is developed. The heart is a hollow muscle, emptying and filling with regular, even, rhythmic stroke, pumping the blood out of the great venous reservoirs into the arteries. We reckon little of it, and its doings until something has gone amiss, and we experience discomfort therefrom.

That suffering, much abused organ, the stomach, has to endure any burden the palate may impose upon it until it enters in its inarticulate protest—the pain of indigestion—which compels the reason to put the palate in bonds.

The liver receives even less consideration. It cannot get rid of offending, or embarrassing matters by ejecting them, as can the stomach and bowels; it can only put the appetite in abeyance, and so relieve itself from over-taxation. Its protest is a purely negative one, i.e., the cessation of the pleasure of eating. When by physiological rest it has regained its lost power, the evidence of its restored capacity is the return of the appetite.

In disease we find something more than the loss of ease, the substitution of discomfort for a pleasant sense of existence. There is something more in disease than this. In its maladies the body manifests the impress of its inheritance; and at other times bears the stamp of its embryonic development—the record of its evolution. Looked at from this point of view disease has widespread and far-reaching relations. A few considerations of this aspect of the subject will not only light up some obscure morbid conditions, but will lend them an interest and an instructive power, which will enable us to grasp them with a wider hold and a tighter grip.

What do we see in relation to gout—a very common malady. Gout, whatever its Protean form, rests basally upon the presence of uric acid in the body; and what have we, the Bimana, to do with uric acid? The waste matters of the body are cast out by the kidneys, as Galen knew; but he also knew that the constituents of urine

are formed in the liver. That mighty gland elaborates the food material borne to it by the current of the portal vein. It also converts waste matters into forms which admit of their being cast out of the body by the kidneys. When kidneys first appear we find the form of excrementitious matter to be uric acid. Uric acid as urates, belongs to animals with a three-chambered heart and a solid urine—Birds and reptiles. When the higher mammals appear we find them possessed of a four-chambered heart and a fluid urine. The nitrogenised waste now takes a soluble form, viz., urea. So long as the liver can practically convert waste and surplus nitrogenised matters into the soluble urea, so long indulgence in gout-producing food is compatible with impunity from unpleasant consequences. But the mammals never quite escape from the ways of their ancestors; and a small portion of the uric acid of their far away progenitors clings to them—like original sin. If from any reason, as the inheritance of an inefficient liver, or the viscus is impaired by excessive demand upon it, or, what is less frequently realized, the weight of prolonged care tells upon it and its delicate processes,—its functional capacity is diminished, we see the liver fall back upon the primitive urine product. It becomes less equal to the formation of urea, and reverts to uric acid. And what ensues after that? Either the kidneys become injured by the output of these primitive products of the liver, and we get chronic Bright's disease in time: or the urates are retained in the body and we get gout in all its numerous and Protean forms. Gout and Bright's disease with many and wide-spread complications, are the effects of a *materies morbi* formed within the body, and possessed of toxic properties. Like a fire embarrassed by its own ash we find the body may be poisoned, partially or fatally, by its own waste matters. The urine of one animal introduced into the veins of another is fatal to it.

Certain animals, as the poison snake, and the scorpion, distil a venom within them for offensive and defensive purposes. Serpent venom is a deadly poison. But poisons are formed by other animals than snakes and scorpions. Dr. Lauder Brunton, F.R.S., has pointed out ("Indigestion as a cause of Nervous Depression"), that malproducts formed in the digestive act may be toxic. These poisons oppress the brain and depress the action of the heart. They are excreted by the kidneys, while the liver, acting as a sieve, obstructs their entrance into the general circulation. In old gouty persons, the liver—as a porter at the gate—is impaired; while the contradicted kidneys fail in their duty of excretion. Hale old gouty persons are sometimes found dead in their beds after an unusually good meal, and a post-mortem examination of the body throws no light upon the cause of death. The learned doctor believes in these cases death

is really due to toxic alkaloids formed within the body.

In one member of the Mustelidæ, to which belong the civet and the pole cat, we find a curious and singular weapon of defence in the shape of glands in the lower bowel which secrete, and emit a most offensive fluid. Ill-smelling products in human intestines are formed as scanthal and indol; and these bodies give a decided fætor to the breath of some individuals. At other times they lend an indescribably offensive odour to the urine; not as a product of decomposition, but formed in the body and cast out in the urine when voided. Something derived from a common ancestor gives the fætid fluid of the skunk, and the indol series in perverted conditions in man.

Then let us look at the relations of foetal development to the diseases of later life. The epiblast, the outermost of the three early layers of the embryo gives the cerebro-spinal system, and the sensitive skin. From the hypoblast, or innermost layer, we get the glandular epithelium of the viscera. From the mesoblast spring bone and muscle, blood-vessels, and nerve sheath, as well as the packing material of the body. How much of the disease we encounter is due to the after growth of this connective tissue at the expense of the tissues derived from the other embryonic layers? Inflammation, involving all tissues of an organ, we are now told takes its initial step in an impaired state of the connective tissue, which leads to dilatation of the minute blood-vessels—thus deprived of the usual support given by the packing material. Parenchymatous inflammation, induration, or cirrhosis, is a growth of connective tissue at the expense of the glandular elements of the viscera, or at the expense of the pure nerve structure in cerebro-spinal sclerosis. So is arteriocalillary fibrosis. Tubercle is a growth of lowly connective tissue amidst the products of the two other layers of the embryo. The glands of the intestine, and the epithelial lining of the bowels are its seat in early life, while tubercular growth of intra-cranial seat presses upon the true cerebral structures. After puberty cell-proliferations of tubercular character are common in the lungs. Indeed, the encroachments of the connective tissue of the mesoblast gives us a large array of morbid conditions in after life.

Cancer, also, Virchow says, is not a heteromorphic histological element. Scirrhus has been described as a heterotopic growth of cartilage cells. Sarcomatous growths consist of muscular tissue. Encephaloid cancer is the hetero-chronic growth of the marrow cells of foetal bone we are told. Melanotic cancer is a pigment growth. While it is asserted that colloid cancer is undistinguishable under the microscope from the sarcode of the umbilical cord. As to cancer of the breast, Dr. Creighton has shown us that the histological elements thereof are identical with the materials

which swell the breast before lactation commences, and found in the breast after lactation has ceased until the gland acquires its wonted size. Curiously, too, we find cancer to have a marked tendency to crop up where the epithelium changes. Thus we find it at the lip where skin and mucous membrane meet; and also at the other extremity of the alimentary canal where skin and mucous membrane meet once more. Again, we see the tendency in the growth of cancer in the sulcus of the preputial fold. In the female we find cancer developing where the columnar epithelium of the uterus gives place to the squamous epithelium of the vagina.

Another curious clinical fact with which we are familiar is the different manifestations of gout in various persons. "The broad gouty persons suffer rather from articular gout, gouty disease of the heart and eczema, who are usually free from dyspepsia and nervous disorder of the heart, but who certainly are liable to bronchitis. The gouty man of thin flank is not so liable to articular gout, heart disease, or bronchitis, but is liable to nervous disturbances, skin trouble, and dyspepsia. Just as the external appearance or physique differs, so does the form of their gout, and also the treatment of each. The massive, solid, gouty folk might be fitly spoken of as the Norseman type, while the other slighter folk of highly developed nervous system, but lighter in the bone, might be classed as of the "Arab type;" of course there are blends" ("The Diseases of Sedentary and Advanced Life") Now what relation do these morbid manifestations bear to early fetal development? We find gout in the large massive people, fixing itself upon the outcomes of the mesoblast, the motor layer. The articulations suffer in the Norse gouty man, and the heart, which in some respects closely resembles a joint (Hilton on "Rest and Pain"), while in the persons of high nervous development, but lighter in the bone—the gouty Arab—disturbances of the nervous system and the skin rather are manifested; both derived from the epiblast, the one from the corneal, and the other from the medullary division of that outer embryonic layer.

Valvular lesions of the heart cause also a reversion, or return to an earlier primitive form of heart. The original primitive heart consists of a pulsatile muscular sac emptying and filling rhythmically; a certain amount of blood flowing backwards as well as forwards at every systole. Gradually, valves are developed by which regurgitation on systole is prevented, and so the muscular power is economized. What do we see when these valves are injured and rendered incompetent by disease—a return to the condition of the primitive muscular sac. The heart becomes lowered or truly degraded, approaching the primitive form of heart. Deprived of the advantage gained by the development of valves, we look to hypertrophy of the

muscular wall to compensate the valvular injury, i.e., in other words we hope to secure a heart of lower type. With the extent of the lesion, that is the injury to the valves, goes the general capacity of the body, and the completeness of the muscular compensation. If the lesion be a small one the muscular compensation is readily secured, and well maintained, the individual being little worse. But if the injury be a large one, so that the heart is greatly degraded, and approaches a valveless muscular sac, the muscular compensation is necessarily imperfect, and quickly wears out, the organism being seriously crippled.

Degeneration in the nervous structures gives us a striking example of dissolution as compared to evolution. The large cells and coarse fibres of the primitive brain centres developed at an early period of embryonic life are followed at a later period by "the finer cells and thin fibres of the accessory portion of the brain." When degenerative changes are afoot we see the nerve structures disappearing in the inverse order of their appearance. Those which came late go first; while those which came early manifest greater resisting power. The vascular supply has something to do with this fact, the nerve centres of early development being more favourably situated as regards their blood supply, than those which follow.

From these illustrations we can see, as through a glass darkly, that disease is not merely morbid change, but to a certain extent, the undoing of evolution; a species of degradation or reversion being entailed thereby, or in other words, a dissolution, or return to more primitive and lower forms of life.

We can recognise the law of development acting within closer and more restricted limits in the spread of disease amidst races unprotected by experience, as for instance, in the spread of small-pox amongst aborigines, and phthisis among the South Sea Islanders. On the other hand, it is a notorious fact that the negro is practically safe against, and exempt from yellow fever.

The history of "Yellow Jack" throws a curious and lurid light upon the recognised clinical fact. Yellow fever hangs around the harbours frequented by slavers in the old days of the iniquitous slave trade. Any one who has seen pictures of the way the unhappy negroes were packed to economize space in the slave-ships can comprehend what must have been the miseries and the horrors of "the middle passage" in the heat of the tropics. Myriads perished on the way: and the slave ships reached the American shores charnel houses simply. Discharging the remnant of their cargoes—their wretched human freight—these ships were then thoroughly cleansed and scoured; and the foul discharges of the ill-fated Africans were cast out into the sea. There they were deposited as a sediment at the bottom of these harbours; many of them

comparatively tideless bays. There they remain the unseen evidence of the wrongs suffered by the black races at the hands of the white man; and when from any cause this toxic mud is disturbed, up springs an endemic outbreak of yellow fever, which claims the white man as its victim, leaving the negro comparatively untouched. The avenging deities indeed have their feet shod with wool?

Yellow fever is then the echo or refrain of the horrors of "the middle passage." The unsought revenge of the enslaved African upon his white-skinned oppressor!

Such then are some of the aspects of disease forced upon us by extending information and deepening insight. They reveal to us far away mysterious, curious links and associations with the past. Disease, pain, suffering, incapacity, mental and bodily, which in our text-books are referred with shallow penetration to immediate palpable causes, we find really depending for their foundation upon something lying deeper down than etiology. We can see that many morbid manifestations involve inheritance extending backwards to far away ancestors. Others we see are but further and later extensions of embryonic development; the elements of one layer preying upon and despoiling those of the others under abnormal and favouring circumstances. The practical outcomes of such study of disease is to recognise how underlying, unrecognised proclivities and potentialities may be awakened and roused into active existence, —often by the life-habits of the individual.

Thus indulgence in alcohol may start up a superabundant growth of connective-tissue encroaching upon and destroying the true gland elements of a viscus in cirrhosis. We can realize how prolonged abstinence from fat can bring about, in those predisposed by descent thereto, a growth of tubercle—lowly connective tissue often too degraded to live, and carrying with it to its grave the organism in which it has developed. We can comprehend how indulgence of the palate overtaxing the liver can set on foot a retrograde movement which brings the human liver down to the grade of the liver of reptiles. When gout is set up we can discern it moving on certain lines mapped out in the early embryo in its different victims; which we unconsciously recognise when we apply the term "diathesis" thereto. When nervous degeneration is afoot we see the latest nerve groups to be developed are the first to go —the latest outcomes of evolution the first to perish in involution. We can even perceive a certain moral retribution in yellow fever, the scourge of the white man, passing over the lowly African, and haunting the resorts of slave-traders. We can see, indeed, the present resting upon the past in a thousand ways.—*The Med. Press and Circular*.

THORACENTESIS FOR PLEURITIC EFFUSION.

Among the subjects which occupy a sort of middle ground between the general practice of medicine and that of surgery, none is of greater interest or of greater importance than the question of the proper management of serous effusion into the pleural cavity. In regard to the treatment of empyema there is little difference of opinion; but in the treatment of purely serous effusion different practitioners hold diametrically opposite opinions. Some rely almost exclusively upon medicinal remedies, while others believe in early operative interference.

There are two principal reasons assigned for preferring medicinal treatment: First, it is sufficient in the great majority of cases to effect a cure, and it is safe; and, second, operative procedures are not more efficient, while they are dangerous.

In the defence of operative interference these reasons are directly reversed, and puncture of the wall of the thorax is asserted to be the best way of getting rid of the immediate and remote effects of an effusion, while, if properly conducted, it is almost entirely devoid of danger.

To decide which of these opposite opinions is correct, or what mean between them may be adopted, is not an easy task. But something may be gained by examining the grounds upon which they rest.

The efficiency of purely medicinal measures in the treatment of moderate pleural effusions cannot be doubted, nor can the assertion that it has sufficed for very large effusions be denied. To select but a few illustrations of this fact, Barbe, who is not afraid to operate, reports, in the *Archives G n rales de M decine* for May, 1885, a large number of cases cured by the use of iodine externally, and of certain internal remedies. In some of his cases the effusion was estimated at as much as four pints. By the method which K rner of Graz, first used in 1863—which consists in the withholding of fluids from the patient and in the administration of salt—some remarkable results have been reported. Thus Glax, in the *Zeitschrift fur klinische Medicin*, Bd. ix. Heft 5, records twelve cases in which the exudate filled or almost filled the pleural cavity, and in which a cure was effected in an average of twenty-two days. Similar results have been reported by other trustworthy observers.

In the face of such facts, and of the opinion of many of the best clinicians, it must be acknowledged that in most cases the medicinal treatment of pleural effusion is entirely efficient, so far as getting rid of the effusion is concerned. Whether or not it is entirely safe, depends somewhat upon the way in which this word is applied. It is safe enough so far as the immediate result is

concerned. But is it safe when the ultimate issue of the case is considered? Those who favor puncture of the chest wall assert that there is great danger to the lung from delaying its expansion, danger of adhesion, of consolidation, of retraction of the chest wall, and of permanent dislocation of other organs.

These accusations are somewhat vague, and, so far as we know, are not supported by any carefully prepared statistics. Still they deserve consideration, and the well-recognized fact that attacks of pleurisy often precede the outbreak of phthisis, to which Chauvet has recently called attention in the *Lyon Médicale*, May 24, 1885, may indicate some imperfection in the method of treating pleurisy. This point, however, should not be strained any more than another, which is made against operative interference, that the outbreak of phthisis which sometimes follows is to be attributed to it.

The negative evidence in favor of the medicinal treatment of pleural effusion lies in the asserted danger of puncturing the pleural cavity. This is said to consist in the risks of septic infection, of converting a serous effusion into empyema, of arousing into activity a latent tendency to tuberculosis, and a certain danger of wounding the lung. The last of these dangers is hardly of much significance, the next to last probably owes its terrors to the mistake of taking *post hoc* for *propter hoc*. The danger of septic infection and of converting a serous effusion into an empyema is very real, and there have been only too many exemplifications of it. But it is an error to suppose that the danger is inevitable. With proper antiseptic precautions there is scarcely any reason why tapping the chest should subject the patient to risk of this sort. It is possible, of course, that the aspirating needle or trocar may pass through the fluid and wound the lung, so that from it a source of putrefaction or of specific disease shall gain access to the cavity of the pleura. But this is very unlikely to happen, and no virulent material ought to come from without if the operation be done correctly. That this, however, does sometimes take place only shows that those who have had such results have something to learn in regard to the principles and practice of asepsis.

It cannot be maintained that there is any considerable danger in the operation of thoracentesis when done carefully, and the choice between it and medicinal treatment must be determined by the estimate of their relative efficiency, and especially by the suitability of either to each particular case.

In some cases the most conservative medical man feels constrained to tap, in others all but extremists would hesitate to do it. Aufrecht, in the *Berliner klinische Wochenschrift*, No. 10, 1886, maintains that small effusions—which may be cured by salicylic acid—should not be tapped, but

when the effusion reaches the third intercostal space in front, the fluid should be let out; and this he believes to be a good rule even when the symptoms do not seem to threaten life. But it is not well always to empty completely the pleural cavity. Aufrecht thinks that more than five pints should never be withdrawn at one sitting, and Barbe, in the paper above referred to, is of the opinion that tapping need not be resorted to until the accumulation amounts to about two quarts, and that only half of this should be drawn off at a time. His opinion is founded on an experience of fourteen cases, in which he made twenty-seven punctures, and in which there were no subsequent paroxysms of cough, or serous expectoration. In Aufrecht's experience, morphia subdued the paroxysmal cough perfectly.

Very recently Heitler, in a paper in the *Centralblatt für die gesamte Therapie*, for June, 1886, has advocated active interference in pleural effusions. He does not believe that early puncture can abort a pleurisy, and recent French experience has demonstrated that putting such a belief into practice has led to an increased mortality. Aufrecht does not overlook the fact that desperate cases have recovered without tapping. But he regards the presence of either a very large effusion, a rapid rate of effusion, or a long persistence of the effusion as a sufficient indication for operative interference. What he means by long persistence of the effusion may be gathered from the statement that thoracentesis should be practised if the effusion remains stationary for two or three weeks, and shows no tendency to resorption. Stöhr, in an inaugural thesis, Erlangen, 1885, came to much the same conclusion. He analyzed fifteen cases of operation, and considered the proper indications to be urgent symptoms, great effusion, rapid accumulation, and considerable displacement of the viscera.

In all that has been said thus far, it has been assumed that the discussion refers to simple serous effusions. For purulent, ichorous, or hemorrhagic effusions, the propriety of tapping, drainage, and washing-out, seems to be beyond question. But even in deciding what is to be done for an effusion supposed to be purely serous, it must not be forgotten that it cannot always be certainly determined without resort to hypodermatic aspiration. Polaine, in the *Gazette des Hôpitaux*, Nos. 38 and 130, 1885, has asserted that there are no certain signs of the nature, nor of the amount of an effusion. This view may be an exaggerated one; but the possibility of error in this respect should not be overlooked.

In conclusion, we think that it may be said that medicinal treatment suffices for the relief of the great majority of cases of serous effusion in the pleural cavity, but that tapping should be resorted to when a rapid accumulation produces dangerous

symptoms, or when long persistence of a large effusion makes it likely that this may cause irremediable changes in the lung or chest wall. The assertion that phthisis may be provoked by a properly conducted tapping is not borne out by a study of a large number of cases, and the risk of converting an innocent effusion into a dangerous one, we believe to be dependent upon circumstances which can be avoided.—*Med. News.*

ON THE VALUE OF BORIC ACID IN VARIOUS CONDITIONS OF THE MOUTH.

Boric acid is now officinal, and justly so. It has long been used in various metallurgical and ceramic operations, and more recently its preservative power has been abundantly demonstrated. It is this antiseptic power which gives it its great therapeutic value. It is a very stable compound—one of the most stable of the acids; it is not volatile, and only exerts its action when in solution; fortunately, however, it is soluble in more than one menstruum. Up till now, its chief application has been in connection with modern surgery, where the boric ointment, lint, and lotions all hold a prominent place. There are spheres of usefulness for it, too, in medicine; and one of these is in diseases of the mouth. It is the benefit of its local action we usually wish to gain, for, though sometimes given internally—as in irritable conditions of the bladder—its topical antiseptic effect is more often desired. In connection with its local application in various diseased conditions of the mouth, its solubility in water and glycerine, its unirritating character, its comparatively innocuous nature, and its almost tastelessness, are greatly in its favor. More particularly is this the case in treating such conditions in children, whose oral cavities cause them so much annoyance. Speaking generally, boric acid will be found useful in all conditions of the mouth, fauces, pharynx and nose, where there is any abrasion of the epithelium; whether it be used as a powder, gargle, mouth-wash, pigment or confection. More definitely, I may say, it is not contra-indicated in any of the forms of *stomatitis*, though scarcely severe enough for the graver varieties.

In *simple catarrhal stomatitis*, a mouth-wash, containing from 10 to 15 grains to the fluid ounce, speedily cures the condition, and exercises the same beneficial influence in the *ulcerative* form, though there, in addition to the rinsing of the mouth, a local application in the form of the powder or pigment should be made to the individual follicular ulcers. The powder simply consists of finely powdered boric acid, mixed in various proportions with starch; the pigment is a solution of boric acid in glycerine (1 in 4 or 5). In both

cases, the addition of chlorate of potassium is advantageous; indeed, I usually combine it, but it is not essential.

Nothing I know of is at once so rapid and so efficient, in the treatment of *parasitic stomatitis* or *thrush*, as this remedy. The youngest children do not object to its application, and, occasionally, you have to caution against its too frequent use. The *oidium albicans* quickly succumbs to its influence. I am well aware of the great value of nitrate of silver in many of these conditions; but, I am also alive to its extremely disagreeable and persistent taste, and the dislike which precocious children at once take to it. For thrush in children, I especially recommend boric acid, either as a mouth-pigment or as a confection. Honey and sugar have both been condemned, as being inadmissible, in combination, for the treatment of thrush; but, so far as children are concerned, I must say I consider a confection (though made with honey), which has been impregnated with boric acid, gains more by its palatableness than it loses by the tendency of the saccharine matter to further the growth of the fungus. The boric acid at once does away with this tendency. Let the pigment be frequently painted with a brush over the patches, never omitting to do it after food has been taken; or, a little of the confection simply allowed to dissolve in the mouth; and the days of the fungus will soon be ended. I have found boric acid, combined with its salt (borax), markedly beneficial. Borax alone, however, is not nearly so good.

In *pharyngitis*, and *relaxed conditions of the throat*, a gargle, containing boric acid and glycerine, with either tannic acid or alum in addition, ought not to be forgotten.

Let me allude to another condition, in which I have found combinations of this substance helpful and grateful to the patient. I refer to the condition in which we frequently find the mouth, tongue and teeth in severe cases of typhoid fever. The mouth is hot; the lips dry, cracked, and glued to the sordes-covered teeth by inspissated mucus and saliva; the tongue dry, or even glazed and hard, brown or black, crusted with a fetid fur. Under such circumstances, a pigment containing boric acid (30 grains), chlorate of potassium (20 grains), lemon juice (5 fluid drachms), and glycerine (3 fluid drachms) yields very comforting results. When the teeth are well rubbed with this, the sordes quickly and easily becomes detached; little harm will follow from the acid present. The boric acid attacks the masses of bacilli and bacteria; the chlorate of potassium cools and soothes the mucous membrane; the glycerine and lemon juice moisten the parts, and aid the salivary secretion. I consider this application well worth a trial.

So much for the soft parts; a word in conclusion regarding the teeth. Few medical men, I suppose,

have ever given a prescription for a tooth-powder (such a matter is beneath their notice), and the selection of the ingredients for the various powders and pastes in vogue for the purpose of beautifying and cleansing the teeth is left entirely in the hands of those who certainly should not know better than medical men. I have frequently trespassed on this debatable ground, and recommended a particular dentifrice. In view of the extremely important part the teeth play in the economy of life, I never hesitate occasionally to inquire as to the attention they receive.

A tooth-powder should possess certain characteristics; it should be antiseptic, cooling, agreeable to taste and smell, and have no injurious action on the teeth. After use, it should leave the teeth white, and a sensation of freshness and cleanliness in the mouth. As an antiseptic in this connection nothing can displace boric acid. For years I have used the following powder, and can recommend it: Boric acid, finely powdered, 40 grs.; chlorate of potassium, 3ss; powdered guaiacum, 20 grs.; prepared chalk, 3i; powdered carbonate of magnesia, 3i; attar of roses, half a drop. The boric acid in solution gets between the teeth and the edges of the gums, and there it discharges its antiseptic functions: the chlorate and guaiacum contribute their quota to the benefit of the gums and mucous membrane generally; the chalk is the insoluble powder to detach the particles of tartar which may be present, and the magnesia the more soluble soft powder which cannot harm the softest enamel.

It is only right to say that boroglyceride (Barff) can replace boric acid in almost all the forms of administration I have enumerated; it is efficacious, slightly, and pleasant to the taste.—*British Medical Journal*.

TESTING HOUSE-DRAINS.

At a conference in connection with the Building Exhibition held in London under the auspices of the Society of Architects, Mr. R. K. Burton described methods used by himself in testing the soundness and arrangement of house-drains. Three questions, he said, were to be decided: (1) Is the drain water-and-gas-tight? (2) Is it self-cleansing? (3) Is it disconnected from the sewer? The first point is best decided by a test; but it is well to observe the appearance of the joints before taking the trouble to apply any test, as such may at once reveal the fact that the drain is leaking. In more cases than those who have not made many inspections would imagine, it will be found that there is absolutely nothing in the joints of the tile-drain. In others it will be found that there is clay only, and he had never known a clay-jointed drain to be water-tight. In still other cases it may appear, from looking at the tops of joints, that they are carefully made with cement; but when a rod of

iron or a chisel is plunged into the earth underneath them, it comes up wet and black with sewage. It is only when none of the appearances described are to be seen that it is worth while applying a test. The best undoubtedly is the water-test. In this the drain is opened by the removal of a pipe, and is plugged.

It will be found impossible to fill more than perhaps about one out of three drains, except in houses which have been very recently remodelled, and that it is necessary to avoid pouring too much water into a leaky drain. If the drain does fill up the running water is stopped, and it is observed whether the water in the gullies or surface-traps remains at a constant level. The test next in efficiency to that by water is the smoke-test. The next question is as to whether the drains are self-cleansing or not. As in the case of the water test, an opening must be made; but it is not needful to remove a whole pipe. It is sufficient to chip a round hole in the top of one. If no deposit appears just under the opening, water is allowed to run into the drain at the upper end, and the flow is observed at the opening. If the water runs briskly and clear past the opening all is right. If, however, it comes tardily, and carrying deposit with it, it is a question of ascertaining the cause. A drain, if well laid, should, with a fall of one in sixty, clear itself. A house-drain should seldom or never be larger than six inches; four inches is large enough for very small houses, and if five inches were the size generally made, it would probably be better than either four inches or six inches for the majority of houses. Now as to whether the drain is disconnected from the sewer or not. To make absolutely sure whether or not there is a concealed trap on the drain, if the opening does not reveal this, the only plan is to pass rods down the drain. One may, however, have evidence approaching to certainty by burning a match in the drain, and observing whether or not there is any current of air through it. If there is, it may be assumed that there is no trap on the drain. It is necessary to test each branch for self-cleansing properties. The material for soil-pipes should be ascertained by removing the wooden casings which generally cover them. If an internal soil-pipe is made up of light cast-iron pipes (rain-water pipes), and lead junction-pipes for the closets it may be condemned without any further investigation. The best test for a whole-drainage system is undoubtedly the smoke-test. This test consists essentially in filling the drainage system with smoke at some pressure, and observing whether or not it issues at any place other than the openings intended for ventilation.

Smoke-rockets are no largely used by those who have to make inspection of sanitary arrangements. These consist of paper cases, filled with a composition which gives off a vast quantity of smoke at

a considerable pressure. The smoke-test can never be taken—when it gives negative results—as an absolute test for drains. The peppermint-test is inferior to the smoke-test when the latter is properly applied, in the speaker's opinion. The next thing of most importance to do is to trace the overflow-pipes of the cistern to see whether these are connected with the drain or not. A connection of any kind between a cistern and the drain is a thing to be condemned. The baths, sinks, basins, etc., come next under examination. The discharge-pipe—and overflow, if there be one—of each of these must be traced to discover whether or not it is connected with the drain. The closets must be very carefully examined, although they are not nearly so often the points of ingress of sewer-gas to the house as in any other appliances, such as sinks. They are often, however—especially when of the old pan form—themselves generators of foul gases, and as such objectionable.—*Med. News.*

THE FATE OF EXTRAVASATED BLOOD : AN EXPERIMENTAL RESEARCH.

The object of the research was primarily to determine the share taken by the liver, the spleen, and the bone marrow, in the disposal of extravasated blood. The method of research was the transfusion of large quantities of blood into the peritoneal cavity, the blood being, in all cases, derived from an animal of the same species. The animals used were the rabbit and dog.

I. *Local Fate.* 1. The part taken by cells in the local changes going on around extravasated blood is of the greatest importance; the cells being of two kinds—those of leucocyte, and those of connective-tissue origin. 2. The formation of blood-pigment from the red blood-corpuscles is mainly a "cellular" process, being effected through the agency of cells, either by inclosure of the corpuscles bodily within them, or by disintegration of the red corpuscles and then inclosure of their fragments. 3. In the process of so-called "organization" of blood-clot, both varieties of cells play an important part; but, while both leucocytes and connective-tissue cells are concerned in the disintegration of the red corpuscles, the former in addition, effecting the removal of the *debris* from the seat of extravasation, the connective-tissue cells alone are concerned in the process of formation of fibrous tissue by which ultimately the clot becomes replaced.

II. *Absorption.* 4. The absorption of extravasated blood applies not only to the serum of the blood, but also to the great majority of the red corpuscles which remain unentangled amidst coagula or the surrounding tissues. 5. This absorption is extremely rapid, both from the subcutaneous tissues but especially from the larger serous cavities. 6. In the case of the peritoneal cavity, the absorption

of the serum and red blood-corpuscles is effected almost entirely through the lymphatics of the diaphragm. 7. Under such circumstances, the increase in the number of corpuscles within the circulation is observable one hour after injection, and steadily rises till it reaches a maximum about the second or third day, the time varying according to the quantity injected. 8. Extravasation *per se* does not affect the vitality of the red blood-corpuscles; if absorbed back into the circulation within a day or two, they continue to live as before. 9. Their longest duration of life under such circumstances (in the rabbit) varies from two to four weeks, this duration applying naturally to only a few of them. 10. The probable life-duration of the red blood-corpuscle in man is about three weeks.

III. *Ultimate Fate of the Absorbed Corpuscles.*

11. The three great seats of blood-destruction within the body, under pathological as under physiological conditions, are: The liver, the spleen, and the bone marrow. 12. The nature of the process of destruction in the liver, differs essentially from that in the spleen and bone marrow. 13. In the latter the process of blood-destruction is mainly a cellular one, comparable in all respects with, although much more rapid and complete than, the similar processes taking place locally at the seat of extravasation; in the former, the destruction is much more rapid than in the spleen and bone marrow. 14. After increased destruction of blood-corpuscles within the body, the local evidences obtainable are—in the case of the liver, increased richness of its substance in iron and the presence of granules containing free iron within the liver-cells; in the case of the spleen and bone marrow, increase in the amount of pigment containing free iron found within these organs. 15. In health, a definite relation is maintained between the amount of blood-destruction which takes place in the liver on the one hand, and in the spleen and bone marrow on the other. 16. Any disturbance of this relation on the part of the liver is of much greater consequence than on the part of the spleen or bone marrow. 17. The former is, in all probability, the pathological change which lies at the root of progressive pernicious anemia; as the latter is the probable cause of the anemia of leucocythemia. 18. The rapidity with which blood-corpuscles introduced into the circulation become destroyed is very great, a number equivalent to about 4 or 5 per cent. of the animal's own blood being destroyed daily. 19. The small quantity of blood transfusible into the organism in the case of man is therefore entirely removed from the body in a few days at most, probably not longer than three or four. 20. Transfusion of blood in the human subject, in cases of pernicious anemia, with the object of increasing the number of corpuscles, is devoid of all physiological basis,

and is simply adding fuel to the flame, since the fault in this disease is not one of defective formation of blood-corpuscles, but one of excessive destruction of those already present. — *William Hunter, M.D., Edin. (Brit. Med. Jour.).*

ON THE PRACTICAL APPLICATION OF THE PNEUMATIC CABINET.

This I believe to be the main action of the cabinet, the reduction of pulmonary congestion, and the theory is practically verified by our experience with regard to blood-spitting and bronchial hemorrhage. Time and again patients have come into the office complaining of the sputa being blood-streaked, and, almost without a single exception, the use of the cabinet has relieved the symptom in the course of a few minutes.

In addition to the effect it has upon the pulmonary congestion, it undoubtedly acts beneficially in other ways. The thoracic gymnastics afforded by expiration against increased resistance will probably be of benefit to the weak-chested. The increased oxygenation of the blood will doubtless improve the nutritive processes. Then the spray, if proper medicaments are used, may be expected to act beneficially upon the accompanying bronchitis. I was not able to follow fully Mr. Ketchum's argument in regard to the condensation of the spray in the deeper air-passages. It occurs to me, though, that our difficulty has been not to cause the condensation of the sprays heretofore used in the medication of the air-passages, but to prevent their condensing too soon. There will be no trouble in making the spray condense if it can once be got where it is wanted; but I have most serious doubts whether it reaches beyond the primary division of the bronchi. Treatment by this method has been spoken of as the antiseptic treatment of phthisis, and by this I suppose is meant that the germs of the disease are supposed to be killed by medicament contained in the spray. In this view I have no faith whatever, but regard it as wholly visionary, and without the slightest foundation either in reason or in fact. Admitting that the *Bacillus tuberculosis* is the one and only cause of the disease, which is not proved; that its destruction will cure the disease, which is still further from being proved; that a small portion of the spray is carried into the alveoli, which is not probable—we are still very far from proving even the possibility of reaching the germs in this manner, for the bacilli, incased as they are in tubercular and caseous masses and in thick mucus, are well protected from even the very minute amount of our disinfectant which we may imagine ourselves able to carry into the deeper air-passages. The pneumatic cabinet is undoubtedly a most valuable addition to our armamentarium for the

treatment of thoracic diseases, but it is too much to expect it to go to the root of the evil, and it must be regarded as an adjunct to, and not as a substitute for, such other means of enabling the patient to fight off the disease as we have at our command.

In regard to the results of the treatment Dr. Westbrook has spoken. Dr. Westbrook and I have used the cabinet for about eight months, with about the same kind of results as those reported by Dr. Fox. We are not ready yet to report our cases in detail.

In regard to the dangers which have been spoken of, undoubtedly there is some degree of danger, but the danger in the use of anæsthetics does not prevent our use of them. The risk of producing copious or fatal hemorrhage has been mentioned. Our experience has satisfied us that bronchial hemorrhage can be stopped by the use of the cabinet. It is hardly conceivable that, with any pressure which one would be apt to use, the lung substance could be torn. If cavities exist in the lung, the air enters not only the cavities but the surrounding alveoli, so that the walls of the cavities cannot be greatly stretched. Of course it is imaginable that a portion of lung might be so far disorganized that an inspiration of greater than usual depth might rupture a vessel—in such cases, for instance, as are described where the vessels lie exposed in the walls of the cavities or stretch across them from side to side, the walls of the arteries themselves being probably disorganized. But such vessels as these would hardly be worth saving, for they would be certain to rupture before long, and the worst that the treatment could do would be to determine the time of the accident. A more real danger I believe to be that of producing emphysema. The lungs can doubtless be seriously injured in this way by an injudicious use of the cabinet; but, by using care in regulating the pressure and watching the condition of the patient's lungs by repeated examinations, this evil can be readily avoided.—Dr. Platt in *Med. Jour.*

CHLORIDE OF SODIUM IN BRIGHT'S DISEASE.

This is certainly a very simple remedy, yet Dr. Allard Memminger of Charleston, S. C., highly lauds it in the *N. Y. Med. Jour.*, July 31. He has only tried it, so far, in four cases; but his observations are of value, because it alone was used, to the exclusion of all other drugs. At first he orders ten-grain doses of the chloride, contained in gelatine capsules, three times a day, and, if the state of the case allows, by preference one hour after or before meals. He generally reverses each day the order of giving; thus, if one day the capsules are given before meals, the next day they

are prescribed after. If the patient complains of no nausea, he allows him to keep up; but at the slightest intimation of a sick stomach, he orders him immediately to assume the recumbent posture, and there remain for an hour or so, after which this temporary ill feeling always subsides. The second day of treatment he increases the dose to two capsules three times a day, and every other day he increases by one capsule until the patient is taking five capsules three times a day. About this time the good effects of the treatment will be apparent, not only from the improved subjective and objective symptoms of the patient, but from the improved condition of his urine. Albumen will, of course, at this period, be found still in abundance—that is, if the case is at all a grave one; even here, however, if you institute a gravimetric examination, you will find a decided improvement, not so much in the absolute as in the relative decrease in albumen.

At this juncture he orders the chloride to be diminished in quantity; and he has so far found, that, after the system has been brought fully under its influence, it requires but two capsules three times a day to keep up the desired effect. If at this stage of the case there is any decided nausea or disinclination to take the medicine, he stops the same, and during the interval gives one or two alterative pills, after which he proceeds again to a resumption of the chloride. Should albumen again increase in the urine, urea and chlorides diminishing, he immediately resorts to large doses, thus bringing the patient once more under the influence of the chloride, after which he again reduces.

The effects of this treatment are most marked. Headache, oedema, low spirits, general weakness, and anæmia give way to just a reverse order of things; and the patient, who a few days before was most gloomy and desponding, is now full of life and hope.

Thus has it appeared to him in each of his four cases; and, if he has been led to express views that to many may appear extreme, it is because his convictions are based upon clinical observations which, up to this time, he has never had the pleasure of recording with any other form of treatment. He would, therefore, urge a thorough trial of this therapeutical agent by the profession, on the following grounds:

1. It is harmless if properly administered.
2. Its effects are comparatively uniform, provided it is given for a sufficient time. That he has so far used it only in chronic cases of no long standing does not, in his opinion, militate against its beneficial effects; for, even should it not be found a cure for Bright's disease, may it not become an important article in our medical armamentarium—indeed, if only an ameliorator of man's sufferings and a prolonger of his life?

3. It may be employed as an adjunct to all recognized methods of treatment without detriment to the patient.

Thus, then, he asks the practitioner, teacher, and scholar, does not an array of such facts, coupled with the well-known physiological action of chloride of sodium, demand from each and every one of them a fair and honest trial in this most formidable of diseases?—*Phila. Med. & Surg. Rep.*

MEDICAL NOTES.

CHRONIC RHEUMATISM.—Liq. potassii arsenitis, ʒss.; Potassii acetatis, ʒ iij.; vini colchici rad, ʒij.; ext. cimicifugæ, fl., ʒiij.; ext. phytolacæ, fl., ʒiss.; aqua menth. pip, ʒiij. M. Sig. Two tablespoonfuls in water every four hours.

Dr. Sajous uses a solution of argent nitras, gr. x to fʒj, on a cotton-wrapped probe, for *hypertropic nasal catarrh*.

Prof. Bartholow teaches that the best way to treat *poisoning by corrosive sublimate*, is to get all the eggs possible into the patient, and then bring about prompt emesis.

In mitral regurgitation accompanied by pulmonary congestion, Dr. Rex prescribed at the Jefferson Hospital, the following:—

R Infus. digitalis,
Mist. ferri et ammonii acet., aa. fʒj. M.
Sig.—Take three or four times daily.

Speaking of *purgatives*, Prof. Bartholow told of an old soldier who always carried about him a bullet, which he had used for *forty years* as a cathartic. It acted by its weight.

Dr. Hearn, for *cystitis and irritable bladder*, gave at the Jefferson College Hospital—

R Sodii bromid., ʒss
Tinc. hyoscyami, fʒss
Syrup.,
Aquæ . . . aa . q.s. ad fʒiv. M.
Sig.—Teaspoonful ter die.

In a case of *infantile eczema*, Prof. Bartholow, besides directions given as to diet, placed the child (aged two years) upon tinct. belladonnæ, gtt. v. ter die, or sufficient to cause dryness of the mouth. The object in view is to affect the cutaneous circulation, and thus bring about the desired result.

—Treat *lumbago*, when rheumatic, by salicylates especially by the salicylate of cinchonidine. Locally, you may inject fʒss of water into seat of trouble; if pain be considerable, use also gtt. v-xv of chloroform. You may also use galvanism or faradism in currents whose strength shall only cause titillation. (Bartholow.)

Prof. Da Costa gave the following formula for

chronic diarrhœa, the passages being watery, containing no blood or mucus, and there being no tenderness:—

R Opii gr. ss.
Plumbi acetatis gr. ij. M.
Ft. pil.

Sig.—every four hours.

In treating *chronic eczema*, place your patient upon a farinaceous or a mixed diet. Locally, an ointment which will give good satisfaction is composed thus:—

R Ung. hydrarg. nitratis.
Petrolat. aa 3j
Ung. picis liquid. ʒiv. M.
Ft. Ung.

Sig.—As an ointment. (Rex.)

For *chronic rheumatism*, Prof. Da Costa prescribed as follows: Avoid nitrogenous foods: take plenty of exercise, and use alkaline baths freely each evening; also—

R Potas. iodid. gr. v.
Tinct. colchici sem. gtt. vij.
Syrup. zingiberis
Aque aa fʒss. M.

Sig.—Ter die.

In *amaurosis* resulting from over-indulgence in tobacco and alcoholic drinks, with a co-existing anemia and general debility, Prof. Bartholow suggested the following plan of treatment: Pay proper attention to food, selecting good, nutritious and easily assimilated articles of diet. Give ol. morrhue and the phosphates, combined, perhaps, with the bichloride of mercury; and directed immediately to the amaurosis, order the occasional injection of ʒo gr. of strychnine into the temple.

Prof. Bartholow, for a man with *pseudo-angina*, ordered the following: Improve nutrition by—

R Ferri arseniat. gr. ʒ
Ext. nucis vomice gr. ʒ
Ol. morrhue ʒj
Syrup
Aque aa q. s. M.

Sig.—Ter die, after meals.

For the attacks of angina, sol. nitroglycer. contesimal, ʒi, to be increased to characteristic effects.

To tone the nervous system and improve blood in *chronic pleurisy*, Prof. Da Costa directed --

R Tinct. ferri chloridi fʒss
Acid. acetic. dil. fʒij M.
Adde—
Liq. ammon. acetat. fʒvj
Elixir. simplicis fʒix
Strychninæ gr. ss. M.

Sig.—Dessertspoonful ter die.

—Col. & Clin. Record.

IRRITABLE WEAKNESS.

EVERY student of medicine knows, when he is questioned on the subject, that there is no hard-and-fast line between the normal and the abnormal; that physiology runs into pathology. It is a mistake to describe life as a very slight process of inflammation, though in a certain curious fashion it may be so considered. Normal nutrition contains within itself the elements of inflammation, which is, in fact, an exaggerated and perverted condition of healthy tissue and vascular action. Whenever differences in degree are the subject of discussion, there is fertile ground for paradoxical statements.

The transition between healthy mental action and delirium is an almost imperceptible one, as is likewise the gradation between normal movements and abnormal ones. The mind is considerably exercised to understand how it is that involuntary movements should be so near akin to paralysis, or absolute want of movement. This department is perhaps one of the most instructive in the whole range of disease. We may examine it a little more closely. Take a normal ganglion cell of the motor kind in the spinal cord. Contemplate its healthy mode of existence. It responds only to stimuli from a special part of the cortex of the brain or from a certain region of the body, with both of which it is in special relation. Increase its irritability, by any of the numerous means, to a considerable extent, and it will discharge its energy "spontaneously." A lesser grade of irritability will render it liable to be discharged on the slightest provocation. Of course this is an illustration of disease, yet how little it apparently differs from a state of health. Although the phenomenon of "irritable weakness" has long been recognised, yet we are inclined to think that it is still insufficiently acknowledged in practice. Actual diseases of the spinal cord afford abundant illustration of the principle. As an example we may consider the "knee-jerk." There are good grounds for believing that the disappearance of this phenomenon is always preceded by a state of exaggeration, transient no doubt in many instances. Weakness of the heart shows itself much more by an increase in the rate of its action, although one might *a priori* be disposed to think that its debility ought to be manifested in the display of less energy. Strange as it may seem, *a priori* thinking is not far wrong even here, if we do but define what is meant by strength. The strongest man, like the most powerful or healthy nerve cell, is to be gauged by the power of self-control and by the deliberateness of actions. The truly strong man about to perform an act effects his object with the expenditure of the least amount of force necessary under the circumstances. The heart, with its work to do, acts in the same economic manner as if it were in

a state of health. In febrile states it wastes its forces, acts more quickly, but with less efficiency. And yet this principle of irritability associated with weakness is not found under all circumstances. We have examples of progressive loss of strength without manifestations of increased action. If we attempt to look for uniformity of method in disease we shall be disappointed, or have to search deeply before we arrive at the uniformity of principle on which that nature presumably acts. An inquiry into the mechanism by which weakness goes hand in hand with increase of irritability will reveal that there are really two forces at least at work. In the case of the heart the motor nerve cells are under the control of other nerve centres, debility of which is probably the cause of the excessive number of discharges of the former. Probably a similar explanation holds good for the other examples of "irritable weakness," including most cases of mental derangement.—*Lancet*.

THE TREATMENT OF GONORRHOEA.

Those who have the largest experience in the treatment of gonorrhoea disclose the unsatisfactory condition of its therapeutics in the numerous and different plans which they adopt and recommend for its cure, in most of which a certain period of absolute rest seems to be essential. And every practitioner could doubtless testify regarding cases which have refused to get well in the orthodox way, and which have somehow been apparently cured by a druggist's or friend's perscription, while the patient continued to do the very things which his physician had charged him to avoid doing. The discovery of the so-called gonococcus led many to hope that at last the right plan of treatment was clearly indicated, and that the use of a germicide would be sure to effect a cure. Unfortunately in this, as in other connections, the germ theory has proved rather a speculative interest than of practical utility.

The fact remains that anti-bacterial injections cannot be said to be any more efficient in the treatment of gonorrhoea than others which have no such specific action; and their effect may be as fairly attributed to their influence in allaying the inflammation as to any action they may exert upon its supposed germ.

Nor are injections alone always satisfactory in the treatment of gonorrhoea, for which reason they often may, and sometimes must, be supplemented by internal medication; while sometimes peculiar circumstances make it impossible for injections to be used, and then internal medication must be the sole reliance. The importance of such medication cannot be doubted, and it is worth while to call attention to a recent study of the subject by Posner, in the *Deutsche medicinische Wochenschrift*, of August, 26, 1886.

Posner rightly regards gonorrhoea as a cyclic disorder, which, under favorable circumstances, tends to a spontaneous cure, and the requisite time for which may be shortened by judicious treatment. His own experience has led him to think well of the internal administration of the oil of sandalwood for this purpose, which, when he uses it from choice, he supplements with injections of resorcin toward the second or third week. The length of time required for a cure, he finds to be about three or four weeks. He has used internal medication alone in those cases in which all authors agree that injections are to be avoided, such as those in which the gonorrhoea has passed the barrier of the compressor urethrae, and has led to epididymitis, prostatitis, cystitis, or other complications.

The best form of administration of the oil of sandalwood is in the French capsules, containing each five drops; of which he thinks ten or twelve may be given daily. Posner has also given the oil combined with a little oil of peppermint, and Lublinski has ingeniously given it on peppermint drops with satisfactory results.

The use of pure oil of sandalwood is not new, nor are its merits underrated in this country. It is better borne by the stomach than is the oil of copaiba—which is more active—and it undoubtedly relieves tenesmus and strangury while exerting a beneficial influence upon the urethritis. No internal medication, however, can entirely supersede the use of injections, which should be employed whenever circumstances permit, and made of materials suited to the condition of each case. In the stage of acute inflammation the blandest and most soothing injections must be employed, and after this stage is passed there is probably nothing better than sulphate of zinc of the strength of two grains to the ounce of water.

An important point in the use of medicated injections is, not simply to have the urethra washed out by the patient's urine—as is usually prescribed—but to order that the urethra shall be several times syringed out with water as warm as can be comfortably borne. When this is systematically done, injections are most efficient. And when, with the proper use of injections, the administration of oil of sandalwood, or of copaiba is combined, we have what in the present state of our knowledge is the most satisfactory method of treating gonorrhoea.—*M. A. News*.

NECESSITY FOR PREPARATORY TREATMENT FOR CHILD-BED.

Dr. H. M. Cutts, says (*Am. Jour. Obstetrics*) "It is certainly of very common occurrence in private practice for the physician not to see his case until labor begins. Or he may have attended the woman in several previous easy confinements; but

that is no guarantee that the next parturition will not be a complicated one. The tendency among multipara is to struggle along to term, to attribute their bad feelings to their condition, and perhaps having experienced something similar before, to patiently await relief in child-birth. This comes, and with it, uremic convulsions, the woman having failed to notice the prodromal symptoms. Or an unusually large abdomen is considered as a case of twins or hydramnios. The doctor is much puzzled, never suspecting an ovarian tumor grown since his last attendance. On the other hand, the primipara, through modesty, or because she has no regular family physician in whom to confide, keeps her condition as long as possible a secret. She has, perhaps, treated herself to the best of her knowledge. If so, it is almost certain to have been irrational, rather through an exaggerated fear of what must not be done, than overdoing what might safely have been done. She enters upon her first labor in an anæmic state. Her veins are engorged with asphyxiated blood, and her whole system is loaded with fetal detritus—a condition wholly inadequate to obtain the rapid and complete involution of the uterus so necessary for her future comfort. The child also is endangered, and runs fully as much risk as its mother. Many children have been sacrificed by operative procedures consequent upon the necessity of rapid delivery in eclampsia. Many first children have been weak and sickly their whole lives long because their mothers failed to consult a physician before their birth."

Further on the writer suggests, as guides for the practitioner, the following points to consider in connection with each case:

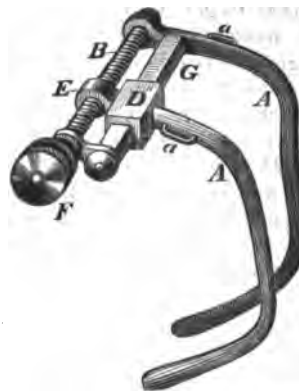
"1. The general health. Inherited and acquired disease. 2. The diseases due to pregnancy. 3. The shape of the pelvis. 4. The abdomen and vagina. The position, condition, and number of fetuses." If the practitioner cannot have a supervision of the case during the whole period of pregnancy, the author says: "Much can be done in a month in building up the general health and alleviating concurrent affections. For this purpose one visit a week will usually be sufficient. Let one of the first calls be, by appointment, an evening call, and let the patient be in bed. If now the attendant make a careful measurement of the pelvis and examination of the vagina and abdomen, we are certain that much advantage will accrue to himself and the mother when labor begins."

The author concludes his paper with a reference to the objections which may be urged against the practice which he advocates, but thinks that the chief ones, which are: Extra labor and expense, together with ignorance on the part of the mother, may gradually be overcome and the custom established. The profession, he thinks, ought to advise against early marriage. During the period of pregnancy the urine should be examined for albumen,

the presence of which has some connection with the development of eclampsia, as well as attacks of cerebral and pulmonary apoplexy, acute mania, paraplegia and affections of the eye and ear. Measurements of the pelvis are of great importance, and it is renewedly urged that one of the most potent ways of reducing the rate of child-bed mortality is by the "proper preparatory treatment for the tremendous strain of labor."

A NEW TRACHEOTOMY DILATOR.

Dr. Briggs, of St. Louis, has invented an instrument for use in tracheotomy, which is deserving of more than a passing notice. Surgeons who perform frequent tracheotomy operations have long felt the need of some practical substitute for the different forms of tubes which have heretofore been used. An instrument which could be more easily introduced, and that would retain itself in the trachea, one that would require less watchfulness and care on the part of the attendants, and was not liable to become clogged by the mucous or false membrane, and that did not of itself cover so much of the wound, and above all, something which would admit of dilation of the lesion if such became necessary. The Dilator is provided with loops (a, a) for the insertion of tapes to keep same in its place, but as the instrument is self-retaining by the form of the blades it will be rarely necessary to use the tapes.



The instrument as shown in above cut, consists of two narrow blades (A. A) of solid steel, curved as shown in the engraving and convex on the outer sides, the inner side of each blade being made flat, (so that they may approach each other more nearly when closed,) one of these blades, the left, is stationary, while the other slides by means of box D, upon the bar G receiving its motion from the screw B, through the screw nut E; the screw is provided with a milled head which renders the adjustment of the blades a rapid and easy operation. It is inserted and used as follows: The blades of the instrument should be screwed up in close contact to each other

before the operation is commenced. After the trachea has been reached and the incision made into it, the knife should be retained within the trachea, and the blades of the Dilator inserted by slipping them in alongside of the blade of the cutting instrument, which thus acts as a director for them. This done, the knife may be withdrawn and the blades of the Dilator separated to a proper distance. Should the wound become clogged at any time, the blades may be farther separated, which will dilate the trachea and cause the obstructing material to be coughed out, or, it may be removed by the forceps or other suitable instrument.

RESORCIN.

The *Centralblatt für die ges. Therapie*, contains the following observations concerning resorcin by M. Ihle, of Leipzig, reported by Jarisch. The specific antiseptic properties of resorcin can be best noticed in herpes tonsurans. After two or three applications of a strong resorcin ointment the inflammation is allayed, and if the plates of epidermis tanned by the resorcin are removed, it will be found that only in those hairy regions where the spores have made their way to the bottom of the hair follicles is it necessary to continue treatment.

A very great advantage in the treatment of parasitic sycosis with resorcin is that the beard need not be epilated, the hairs loosening of themselves under the treatment. The pastes used should be applied two or three times a week, thickly with a brush, and rubbed well into the parts, which are then to be covered with cotton. It is at all times well for the physician to apply the preparation himself, and increase the strength with the progress of the cure. For instance, if the first application is a 10 per cent. paste and causes no great irritation, the next may be of 25 per cent. and the strength may be thus gradually increased to 50 or 80 per cent., then when the pus formation and irritation begin to decrease, applications must be continued in decreasing strength, following a similar scale.

As spores may still exist in a case of apparent cure, it is advised to give the patient a 3 per cent. salve to apply at first daily, and later on, once or twice a week. Now, for the first, should shaving be permitted, because in the energetic treatment with resorcin, shaving should be absolutely forbidden on account of the irritation which it causes.

The following ointments are recommended :

R.	Resorcin purissim.	10
	Vaselin. albi	50
	Amyl. Oryzae	
	Zinci Oxidi	aa 25
M.	ft. past.	

With an increase in the amount of resorcin; it

is necessary to decrease proportionately the zinc and starch. Therefore for stronger ointments, the following is used :

R.	Resorcin puriss.	50
	Vaselin. albi	60
	Zinci Oxid.,	
	Amyl. Oryzae	aa 20
M.	ft. past.	

The author speaks of resorcin in the treatment of pityriasis versicolor and eczema marginatum as being attended with absolutely sure results. He also recommends it in the treatment of alopecia areata and seborrhœa cum defluvio capillorum.

For these he uses :

R.	Resorcin puriss.	5.10
	Ol. Ricini	45.
	Alcohol	150.
	Bals. Peruv.	0.5

M. S. Apply daily to head with a flannel rag.

The itching of the seborrhœa is said to cease entirely under this treatment. Condylomata acuminata treated with an eighty per cent. resorcin salve, daily applied, quickly disappear. It is well to apply a five to ten per cent. salve for some time afterward to remove the tendency to their redevelopment. Dr. Ihle does not approve of the application of resorcin to eczema and other inflammatory skin diseases, because of its irritating properties. Dr. Unna, however, in a pamphlet upon Ichthyol and Resorcin (Hamburg and Leipzig, 1886), recommends a five to ten per cent. ointment in the treatment of seborrhœic eczema resulting from alopecia areata, and prefers it to ichthyol or pyrogallie acid.

He mentions as a special advantage its lack of color and freedom from staining. In psoriasis its action is not so favorable, but for all dry, scaly eczemas of the face he recommends it. On account of the difficulties of diagnosis in skin diseases of the face, he advises that the drug be discontinued the moment it is noticed that no improvement is taking place. In scars or pitting from variola, traumatism, acne, or other cause, and in false keloid he has found it of benefit, but its advantages over ichthyol and other reducing substances lies wholly in the fact that it does not produce discoloration and does not inflame the eyes as does chrysarobin, although under certain circumstances the latter drugs have preference. Dr. Unna declares himself quite convinced that in acute exanthema, and especially in scarlatina and variola, resorcin is destined to play a very important part.

In chronic skin diseases its use must remain limited to external application.—*Journal of Cutaneous and Venereal Diseases.*

THE DIETETICS OF PULMONARY PHTHISIS.—Dr. Loomis (*Jour. of Reconstructives*) gives the following rules for the dietetic treatment of phthisis—

cal patients: 1. Every phthisical patient should take food not less than six times in the twenty-four hours. The three full meals may be at intervals of six hours, with light lunches between. 2. No more food should be taken at any one time than can be digested easily and fully in the time allowed. 3. Food should never be taken when the patient is suffering from bodily fatigue, mental worry, or nervous excitement. For this reason mid-day naps should be taken before, not after, eating. Twenty to thirty minutes' rest in the recumbent posture, even if sleep is not obtained, will often prove of more value as an adjuvant to digestion than pharmaceutical preparations. 4. So far as possible each meal should consist of such articles as require about the same time for digestion, or, better still, of a single article. 5. Within reasonable limits the articles of any one meal should be such as are digested in either the stomach or intestine alone, i.e., the fats, starches, and sugars should not be mixed with the albuminoids, and the meals should alternate in this respect. 6. In the earlier stages the amount of fluid taken with the meals should be small, and later the use of some solid food is to be continued as long as possible. 7. When the presence of food in the stomach excites cough, or when paroxysms of coughing have induced vomiting, the ingestion of food must be delayed until the cough ceases, or an appropriate sedative may be employed. In those extreme cases where every attempt at eating excites nausea, vomiting, and spasmodic cough, excellent results are attained by artificial feeding through the soft-rubber stomach-tube. 8. So long as the strength will permit assimilation and excretion must be stimulated by systematic exercise, and when this is no longer possible the nutritive processes may be materially assisted by passive exercise at regular intervals. The following may serve as a sample menu for a day in the earlier stage. The meat soup is made by digesting finely chopped beef (1 lb.) in water (O j.) and hydrochloric acid (m 5) and straining through cheese cloth. Menu: On waking, one-half pint equal parts hot milk and Vichy, taken at intervals through half an hour. 8 A.M., Oat-meal with abundance of cream, little sugar; rare steak or loin chops with fat, cream potatoes; soft-boiled eggs, cream toast; small cup of coffee, two glasses of milk. 9 A.M., Half-ounce cod-liver oil, or one ounce peptonized cod-liver oil and milk. 10 A.M., Half-pint raw meat soup; thin slice stale bread. 11-12, Sleep. 12.30 P.M., Some white fish; very little rice; broiled or stewed chicken; cauliflower; stale bread and plenty of butter; baked apples and cream; milk, komyss, or Matzoon, 2 glasses. 2 P.M., Half-ounce cod-liver oil, or one ounce peptonized cod-liver oil and milk. 4 P.M., Bottle kumys, or Matzoon; raw scraped beef-sandwich. 5.30-6 P.M., Rest or sleep. 6 P.M., Some thick meat or fish

soup; rare roast beef or mutton; spinach; slice stale bread; custard pudding; ice-cream. 8 P.M., Half-ounce cod-liver oil, or one ounce peptonized cod-liver oil and milk. 9-10 P.M., Pint iced milk; cup meat soup. 1-2 A.M., Glass milk, if awake.

PROFESSIONAL RESPONSIBILITIES.—One of the most difficult part of a physician's duties, and one which demands all the tact and judgment he can bring to bear, consists in determining the course to pursue when certain diagnoses have been arrived at. A woman who believes herself to be suffering from some trifling and passing ailment, is shown to be the subject of carcinoma; a patient with a supposed simple sore on his lip has epithelioma; or a person apparently in good health is found, on examination, to be the possessor of some form of cardiac disease, not only unsuspected, but, it may be unfelt. The physicians of "chest-hospitals" know as well as any the difficulty of deciding whether to reveal the true nature of the case, or to leave the patient in a state of ignorance, which, after all, is comparative bliss.

Of course, the plan adopted is modified according to circumstances. Affections such as epithelioma, where surgical intervention is imperative, are naturally explained without reticence; for the more fully the patient understands his position, the more disposed will he be to acquiesce in the necessary remedial measures. The real difficulty lies in those cases, such as cancer or heart-disease, where little or nothing may be practicable for their relief, but where a fatal termination is either inevitable or to be feared.

In the discussion at the Brighton meeting on the duration of life with heart-disease, Dr. Bristowe made some very excellent and apposite observations on this subject. "It is," he said, "quite early enough, in my opinion, for a man to know that he has heart disease when he begins to feel the effects of it;" and with this sententious remark most practitioners will agree. Incalculable harm has often been done by the abrupt announcement that a patient has cancer, or that another has heart-disease; and the evil is aggravated by the fact that, as in all other human affairs, the diagnosis may be wrong, or the prognosis may not be realized. Sir Andrew Clark told a very amusing but instructive anecdote of his having been called to see a gentleman suffering from bronchitis, who, fifty years before, had been precipitately superannuated on full salary, on the announcement by the medical officer to an insurance company that he was the victim of an incurable form of heart disease, and would probably not live more than six months.

Dr. Bristowe, in expressing the belief, backed by the hope, of his own freedom from "murmurs," sturdily declared that nothing short of acute and pressing circumstances would induce him to give

any of his colleagues the opportunity of disturbing his equanimity by such an announcement.

The best plan to pursue in such cases is undoubtedly to discharge the responsibility of the knowledge so obtained on to the shoulders of a near and trustworthy relation or friend. Simple silence is apt to lead subsequently to the imputation of ignorance; and, for the sakes of both the practitioner and the patient, it is desirable that cognisance should be taken of the actual condition of the latter, even when no immediate bad results are to be anticipated.—*Brit. Med. Jour.*

CONGENITAL HEREDITARY ATONIC DYSPEPSIA.—

During a practice of twenty years, I have prescribed Lactopeptine to patients of all ages, and have never been disappointed in its action when indicated. But I desire to speak in particular of its action in a case of congenital hereditary atonic dyspepsia: in an infant, to whom I began to administer this remedy on the third day after birth. Mrs. H. L. S., Langside, Miss., was delivered of a male child in whom there was manifested well marked symptoms of atonic dyspepsia. The mother had been a victim of dyspepsia from girlhood, and had inherited the malady from her mother.

The infant was put to the breast a few hours after birth, and nursed readily; but almost immediately rejected the milk. Repeated trials all resulted in vomiting, followed by exhaustion. Other articles of food were tried, including cow's milk, etc., without improvement. The child was in great danger of starvation. On the third day, I began the administration of Lactopeptine. The effect was immediate and almost miraculous. I ordered one-sixteenth of the adult dose to be dissolved in about two ounces of breast milk (drawn from a robust, healthy wet-nurse) and administered every two and a half hours. There was no more rejection of milk—except the usual vomiting of curdled milk, to relieve the crowded state of the stomach, which occurred occasionally, after the first ten days. Condensed milk, cow's milk (properly diluted and sweetened), boiled bread (pap), were, after a while, substituted for breast milk, but always with Lactopeptine. A steady improvement was manifest from the beginning, and kept up during the first dentition, which process was gone through with in a most satisfactory manner. No untoward diarrhoea or intestinal disturbance characterized this period, and, at ten months the child was virtually cured of its dyspepsia, and could eat and digest ordinary food such as children of that age may do in good health. The parents of the child believe firmly (as I do) that Lactopeptine saved their infant.

In cholera infantum, in diarrhoea, and in all of the disturbances of the alimentary canal, during dentition and early infant life, I find Lactopeptine an ever-effective and reliable remedy. In adult

dyspepsia, all are now familiar with its beneficial effects; but I should be glad if the profession would be induced to try it in the vomitings, diarrhoeas and dyspepsias of infancy. I recall several babies whose lives I believe I could have saved, had I known, ten years ago, what I do now of the ready adaptability of Lactopeptine to infants ailments.—R. W. Beers, M.D., *Medical Brief.*

POSODOLOGY AND USE OF SOME NEW REMEDIES.—

Osmic acid: Best administered in pill form (made up with Armenian bole). The dose is $\frac{1}{16}$ grain, which may be repeated several times a day. Used in epilepsy and sciatica. *Agaricine*: Best administered in combination with Dover's powder. Dose $\frac{1}{16}$ to $\frac{1}{8}$ grain. Used for night-sweats. *Aloin*: From $\frac{1}{4}$ of a grain to $3\frac{1}{2}$ grains, in pill form. *Antipyrine*: Dose from 75 to 90 grains, divided into three portions, one of which is to be taken every hour. *Bismuth salicylate*: Dose from 5 to 7 grains, in pill form. In typhoid this dose may be doubled and repeated every hour, up to 10 or 12 times. *Canabinone*: From $\frac{1}{2}$ to $1\frac{1}{2}$ grain. Best administered mixed with finely ground roasted coffee. Sedative and hypnotic. *Colocynthin*: Used subcutaneously. The dose is from $\frac{1}{8}$ to $\frac{1}{2}$ grain. It may also be administered in pill form, by the mouth, the requisite dose being from $\frac{1}{4}$ to 1 grain. *Convallamine*: Internally, in pill form. The dose is from $\frac{1}{2}$ to $1\frac{1}{2}$ grain. *Euonymin*: Best given in pill form, combined with extract of belladonna or or hyoscyamus. The dose is from 3 to 10 grains. *Nitroglycerin* is best given in alcoholic solution. The dose is from $\frac{1}{16}$ to $\frac{1}{8}$ grain, repeated several times a day. Rossbach prefers ether as a solvent. His formula for its use is as follows: Dissolve $1\frac{1}{2}$ grains of nitroglycerin in sufficient ether, and add the solution to a mixture consisting of two ounces of powdered chocolate and one ounce of powdered gum-arabic. Mix very thoroughly and divide into 200 pastilles. Each pastille will thus contain $\frac{1}{133}$ grain of nitroglycerin. Used in angina pectoris, and as a diuretic. *Picrotorine*: In aqueous solution. Dose from $\frac{1}{4}$ to $\frac{1}{8}$ grain. Used in epilepsy. *Sulphate of thalline* may be given dissolved in wine or water (with some corrigent). The dose is from 4 to 8 grains, or 1 grain every hour. The above is taken in part from the *Rundschau Leitmeritz*.

TREATMENT OF CHRONIC ULCERS.—Dr. A. Heidenhain, of Coeslin, has arrived at the conclusion that by far the best method of dealing with old chronic ulcers, especially of the leg, is to dress them with a considerable thickness of absorbent cotton. Volkman has long since practised this method, which, we believe, was original with Guerin, the French surgeon. The absorbent cotton is pressed upon the ulcer by a roller bandage, and is allowed to remain undisturbed until, after the

lapse of five days or a week, the secretions come through. Then it will be found that delicate healthy granulations have sprung up in place of the dirty necrotic appearance erstwhile presented, and the torpid callous margins are considerably improved in appearance. The dressing is then re-applied and changed as before. The advantage of this method lies in its being absolutely painless. No septic infection need be feared from absorption of pus. The dressing remains sweet until it is so saturated that the discharge comes through, when a change should at once be made. By actual experiment, the superiority of this dressing over the method of compression by adhesive plaster strips has been demonstrated.

After the cotton dressings are no longer needed, the surface may be dressed with zinc ointment, after irrigation with carbolic acid; if more stimulation is desired, a 2½ per cent. iodoform ointment answers admirably. Grafting should be employed if the ulcer is of great extent.

In order that the new formed skin does not crack and break, when the limb is again put to active use, it is advisable to oblige your patients to take some exercise during the process of repair. The ulcer does not heal so quickly as if absolute rest be observed, but the result is a more permanent one. In such cases that are obliged to be a-bed on account of the large size of the ulcer, Heidenhain has found it of great advantage to bandage the limbs in a flexed position. Thus the skin and the soft parts are kept at a certain tension during the healing process. If the limb be kept at rest fully extended, the cicatrix will surely tear open when walking is resumed. To keep the leg flexed, the use of a double inclined plane is very serviceable.—*Weekly Med. Rev.*

THE FORMING OF FENESTRA IN PLASTER-OF-PARIS BANDAGES FOR COMPOUND FRACTURES.—The following method of setting a compound fracture and making the fenestra can invariably be brought into play with the greatest success:

The bones of the fractured limb being properly approximated, and the limb itself extended and held by the assistants, the wound is first thoroughly cleaned and the limb lightly oiled. We then take a common, clean cylindrical glass bottle, with a concave bottom, the diameter of its base being equal to the diameter of the fenestra we wish to form. The base of this bottle is next completely filled with a wad of absorbent cotton, and applied over the wound. This must be done by an assistant, and in such a manner that the centre of the base of the bottle and the wound are, as nearly as possible, opposite each other. The bottle is to be held in this position during the complete operation of applying the bandage.

The next step consists in enveloping the limb in a layer of absorbent cotton, carefully passing

round the bottle when we come to it. This is held in place by the application of a *wet* three-inch roller bandage, which in turn *surrounds* the bottle when reached. In the usual manner we then apply the plaster bandages, *surrounding* the bottle as before in the case of the other *layers* of the dressing.

A few moments are sufficient to allow us to trim down such plaster as has accumulated about the bottle to a level with the outer surface of the splint. This can best be done with a good strong knife-blade. The bottle can now be slightly turned and easily withdrawn, leaving, as it always does, the circular piece of antiseptic cotton covering the wound. With our knife we now nicely round off the edges of the fenestra before removing the cotton from over the wound, as it protects the latter from the *débris* of this part of the operation. Finally, the cotton itself is carefully removed.

and we see that it has taken up such discharges from the wound as have occurred during the application of the bandage, and we have before us as a result not only our bandage safely on, but a fenestra with cleanly rounded edges, with its exact centre occupied by the wound.—*New York Med. Jour.*

TUBERCULOSIS COMMUNICATED BY FOWLS.—

Dr. G. de Lamallerée relates fully and convincingly an important case of this kind which occurred in a small hamlet with specially good hygienic surroundings, and where disease was practically unknown. A young soldier died here of phthisis which he had contracted while on active service. His wife, who nursed him assiduously and never left the room in which her husband was, showed signs of phthisis soon after his death, and the disease advanced rapidly. A neighbor who had little intercourse with her also developed signs of phthisis which the author was entirely at a loss to account for at first, as she had previously been a strong, robust woman. He discovered that a number of the fowls had died, and that they had been eaten by this woman in an under-cooked state. He further noted that when the first female patient coughed, it was the signal for all the hens about to approach where she was, in anticipation of getting the sputa to peck. He made a *post mortem* examination on one of the fowls which died soon after his attention had been drawn to the facts, and he found extensive tubercular changes in the intestines and other organs, the parts containing the bacillus tuberculosis. He insists upon this being a case in which infection was conveyed, (1) from man to man; (2) from man to animal; (3) from animal to man; and the case as recorded appears to us to be satisfactorily proved.—*Gazette Méd. de Paris.*

TREATMENT OF SCARLET FEVER AND DIPHThERIA.

—Dr. C. R. Illingworth (Accrington) writes :—I find that the biniodide of mercury is a specific and prophylactic for scarlet fever and for diphtheria. Both are diseases due to the development of germs in the blood, myriads of minute nucleated bodies in active movement being visible by the microscope on examination of the membrane peculiar to each. Hence, I think, the efficacy of the remedy I name. As all diseases of this nature deprive the blood of a large portion of its hæmoglobin and fibrin, I prescribe the ammonio-citrate of iron with it. Thus: R Sol. hydrarg. bichlor. ʒiij ; potass. iodid. gr. x; ferri ammonio-citrat. gr. xx; syrupi ʒss ; aquam ad ʒij . Fiat mistura. Sigma: One teaspoonful for every two hours (for a child of from 2 to 4 years). As soon as all the membranous deposit has disappeared from the parts affected, I give the usual steel and chlorate of potash mixture. As a rule, this occurs in from four to five days; but in severe cases it takes ten. The only and important exception to this rule of treatment, is in those cases where the disease is ushered in with vomiting and purging, with scanty rash and collapse. In these which evidence a rapid liquefaction of the blood by the action of the poison, the iron and chlorate of potash mixture should be given at once in full doses, every two hours. Locally, I have found nothing to act better than the glycerine of tannic acid.

MEMORIZING DOSES.—Dr. G. A. Wiggins of Philadelphia (*Med. World*, Aug., 1886), gives some general rules with their exceptions, which are thoroughly reliable.

1. The dose of all infusions is 1 to 2 oza., except infusion of digitalis, which is 2 to 4 drs.

2. Dose of all poisonous tinctures is 5 to 20 minims, except tincture of aconite, which is 1 to 5.

3. Dose of all wines is from $\frac{1}{2}$ to 1 fl. dr., except wine of opium, which is 5 to 15 minims.

4. Of all poisonous solid extracts you can give $\frac{1}{2}$ gr., except extract of calabar bean, which is $\frac{1}{16}$ to $\frac{1}{4}$ gr.

5. Dose of all dilute acids is from 5 to 20 minims, except dilute hydrocyanic acid which is 2 to 8 minims.

6. Dose of all aqæ is from 1 to 2 oza., except aqua lauro cerasus and aqua ammonia, which are 10 to 30 minims.

7. Of all syrups you can give 1 drachm.

8. Dose of all mixtures is from $\frac{1}{2}$ to 1 fl. oz.

9. Dose of all spirits is from $\frac{1}{2}$ to 1 fl. dr.

10. Dose of all essential oils is from 1 to 5 minims.

POTASSIUM PERMANGANATE IN BURNS AND FROST-BITES.—Dr. A. A. Züboff writes in a Russian journal that, having tried potassium permanganate in upward of sixty cases of burns and frost-bites,

he has arrived at the following conclusions: 1. Permanganate of potash, in the shape of frequently changed compresses (linen or hygroscopic cotton-wool soaked in a solution of one or two grains to an ounce of water), is an effective remedy for frost-bite of the first and second degree. 2. The same lotion acts as successfully in burns of the first degree. 3. It is less successful in burns of the second degree. At all events, the permanganate lotion rapidly relieves inflammation around blisters, and pain, and prevents suppuration when blisters remain intact. In this category of cases it is advisable to employ a weaker solution (half a grain, or even less, to an ounce). Two cases are given in detail. One of the patients received (when taking a vapor-bath) a scald of the first degree, extending from the breasts to the inguinal folds anteriorly, and between the same levels posteriorly. Pain disappeared within an hour after the application of the permanganate lotion. Soon the epidermis began to peel off. She was cured within eleven days. Another woman had a similar scald of the face and a hand. She also obtained rapid relief, the treatment lasting a week. —*Lond. Med. Rec.*

GREY-POWDER A SPECIFIC IN INFANTILE CHOLERA.—There is no greater certainty in therapeutics than that "infantile cholera"—profuse and watery diarrhœa—will be cured if treated within the first few hours by one-sixth of a grain of grey-powder given hourly even by itself. But I give usually one-sixth of a grain of hydrargyrum cum creta, with two grains of lactopeptine; and in some cases I administer as another *adjuvans* a vegetable astringent, such as krameria. Again, when the stools are slimy with, it may be, blood streaks, I give liquor hydrargyri perchloridi, $2\frac{1}{2}$ drachms in two ounces of water, of which a teaspoonful given every hour meets the case.

The diet should be cold, consisting of arrowroot made with water, and very slightly sweetened; barley or rice water to drink. One case which was baffling the grey-powder was explained by the presence of a piece of undigested beef on a napkin. Maternal ideas of feeding have sometimes to be sharply enlightened. — Dr. MacDonald in *Brit. Med. Jour.*

BROMIDE IN DIPHTHERIA.—Senor Lovat A. Mulcachy, of Buenos Ayres, finds great advantage in cases of diphtheria in giving a solution of bromine. The bromine is simply dissolved in water in the proportion of 1 to 2500. A teaspoonful of this is given every ten minutes. He says that children will swallow it automatically even when asleep. For infants under three years of age the strength may be diminished to half that mentioned above. He cites several cases showing the successful results obtained by this method, but he

points out the importance of the administration being continued for some days, and of the medicine being given exactly every ten minutes. As to local caustic applications, he considers that they serve no purpose whatever, but only irritate and distress the patient.—*Lancet*.

THE SUBCUTANEOUS USE OF ERGOTININE IN DIABETES AND ALBUMINURIA.—A. Dehenne claims to demonstrate—

(1) The ergotine, or ergotinine, subcutaneously, will cause the temporary and often the permanent disappearance of the glycosuria, polydipsia, polyuria, emaciation, and weakness of diabetes.

(2) That these symptoms disappear in a regular order; the polyuria and polydipsia disappear after 5-8 injections, and glycosuria lessens after the second or third injection, and disappears after the tenth or twelfth.

(3) That the glycosuria reappears if the treatment be stopped too suddenly.

(4) That the disappearance is permanent after six or eight weeks of treatment.

(5) That the injections are entirely harmless.

(6) That by this treatment diabetics can be prepared for any surgical operation, particularly cataract.

(7) The freedom of this treatment from digestive disturbances.

He injects six to ten drops, sometimes more, daily.—*L'Union Médicale*.

TUBERCULOSIS OF THE LUNGS is frequently modified in its most harassing symptoms by inhalation of a spray of bichloride of mercury. A convenient formula is the following:

R	Hydrarg. bichlor.,	. . . . .	gr. ii.
	Aq. destill.,	. . . . .	O j.
	Sodii chloridi,	. . . . .	3j.
M.	ft. sol,		

In *Progress* we read of a pronounced case treated by this spray; the patient also took a pill containing 1-40 gr. of the bichloride before each meal and at night and at the same time a pill composed of asafetida, gr. iii, and ext. nux. vom. gr. $\frac{1}{4}$ for six weeks. The result was a most happy one.

We do not find any statement respecting syphilis in the case. If such existed, the efficacy of the bichloride would have a significance entirely different from the one intended to be conveyed.—*Weekly Med. Rev.*

HOW TO ADMINISTER COD-LIVER OIL TO INFANTS.—A good suggestion has been made by Yeldham. of a plan of administering cod-liver oil to infants. Let the nurse dip the end of her little finger in the oil, and put it into the child's mouth. This may be repeated five or six times in the twenty-four hours. In such small quantities, not only does it never disagree, but the child sucks it off the finger

with avidity and evident pleasure. It may be administered in this way to the youngest infant. By this simple and inexpensive expedient Dr. Yeldham says many infants who were absolutely starving for natural foods became fat and plump, and happily in an almost incredibly short space of time. The oil has the effect of enabling the child to digest other food, which it could not retain on its stomach without it.

MORPHINE IN POST-PARTUM HEMORRHOIDS.—Dr. M. S. McMahan writes to the *N. Y. Med. and Surg. Jour.* that he has successfully used the following plan in post-partum hemorrhage for the last fifteen years: On finding the surface of the patient pale, the extremities cold, with profuse hemorrhage, he at once injects hypodermatically from ten to fifteen minims of Magendie's solution of sulphate of morphine. This will invariably, and within a few minutes, produce a flushed surface, warm extremities, and a stopped or much diminished flow. He adopts no other means—no styptics, no cold compresses, and no foolish plugging.

THE FUNCTION OF THE TONSILS.—Dr. R. Hingston Fox, in an interesting article on the Functions of the Tonsils, in the twentieth volume of the *Journal of Anatomy and Physiology*, expresses the opinion that these glands belong to the digestive and not the respiratory tract, and that their function is to reabsorb certain constituents of the saliva in the intervals of meals which would otherwise be wasted. He thinks that the view of their having an absorbing function is further supported by the strong evidence of the power of the tonsils to absorb morbid poisons directly from the saliva.—*Lancet*

“EDUCATE A WOMAN AND YOU EDUCATE A RACE.”—This is a saying full of promise if it be rightly interpreted, full of dire disasters if applied to the mind to the exclusion of the body. While it may be true that too much bodily labor may render women less prolific, it is very much more clearly shown that excessive mental labor is a cause of sterility (or infertility). “In its full sense,” says Mr. Herbert Spencer, “the reproductive power means the power to bear a well-developed infant, and to supply that infant with the natural food for the natural period. Most of the flat-chested girls who survive their high-pressure education are unable to do this.”

A CAUSE AND A CURE OF CLERGYMEN'S SORE THROAT.—Mr. Thomas Whipham (*The Lancet*) thinks that many cases of clergymen's sore throat, are due to the practice by this class of hanging down the head while preaching, or reading in service. Cases are cited in which speedy relief was obtained by the patient's holding the head erect in speaking.

THE CANADA LANCET.

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LAPAROTOMY EPIDEMIC.

An epidemic of abdominal section including intra-peritoneal excision of various organs, has supervened, among gynecologists especially, which promises to assume gigantic proportions, and unless restricted by some means to its legitimate boundaries, may promote more evils than it is destined to cure.

Our medical journals are crowded with reports of hysterotomy, salpingotomy, oophorectomy, etc., etc., in number and extent somewhat appalling. The rapidity of growth of this new surgical specialty is wonderful. If this amazing excess of growth continues long, no small proportion of the female sex, will be spared the pains and troubles incident to the propagation of the species—and probably the pleasures as well. Gynecology has become the one prominent specialty of the age. Were laparotomy operations restricted to men of extensive experience, furnished with all the requirements which both art and science can command, with the very best sanitary environment, unbiassed by hobbyism, and free from too zealous ambition to become celebrated as brilliant operators and to add to their record; then spaying women might be justified. But when every physician, tempted by the prevailing fashion to assume the title of gynecologist, and ambitious to become a Lawson Tait, is encouraged, and to no small extent authorized by precedent, to spay every woman coming under his control, who he is anxious to persuade himself,

has one or more of the various uterine, tubal, or ovarian organic diseases; then this epidemic becomes serious, and the interests of society demand that some restrictions be placed upon this modern mental craze, which will restrain it within reasonable bounds.

We have in the past observed the excision epidemic, the antiseptic revolution, the iridectomy mania, and many other temporary tidal waves of fashion, sweep over the professional judgment, and overwhelm many of even our most competent men. But none of these were fraught with one half the evils of this latter-day outburst, to poor suffering female humanity. These fashionable epidemics react upon the profession, and lay it open to the charge by the laity of incapability to form well-balanced, calm, and thoughtful judgments on matters wholly pertaining to us.

The hospital for women in Liverpool during the year 1885 had but 347 in-patients among whom there were 111 cases of abdominal section, 96 total removals and 15 partial removals of the uterine appendages. Such wholesale castration is, to say the least, surprising, and puts no little strain on our belief in the necessity for, and our confidence in the unbiassed judgment of the gynecologists, operating on more than one-third of their hospital patients. Such a startling record could not pass unnoticed even by the laity, and numerous attacks on the management of this hospital were made by the daily papers. The result was that a committee of hospital managers, was appointed, who found it necessary, in view of the recent expressions of opinion on the subject, to pass a very drastic resolution prohibiting abdominal section in that hospital, pending the completion of the report, which was being undertaken by the Liverpool Medical Institution.

The following letter to the Secretary of the Hospital for Women Liverpool, from Sir T. Spencer Wells, written in Sept., 1886, speaks for itself:

DEAR SIR,—Your letter of the 24th inst. has been forwarded to me here. In reply I feel bound to say, that as the total number of in-patients in the hospital in 1885 was only 347, the statement that of these 111 (or nearly one-third) were subjected to abdominal section is so shocking as to be almost incredible. If it is correct, in my opinion a most complete and searching inquiry should be made into the details of the case of every woman operated upon; the reason why the operation was performed: whether it was done after full explanation of the danger, and of the necessary results to the patient and her husband; and

what has been gained or lost by each woman who has survived the operation.

I am dear sir, yours truly,
T. SPENCER WELLS.

This is doubtless an extreme case, but the various hospitals in Germany, France, Italy, in brief all over Europe as well as America, are more or less closely following the example of the Liverpool hospital for women. Private operators are doubtless adding their quota daily to the already too numerous host of female eunuchs. As a remedial measure no very satisfactory results have been published. No doubt a large majority recover from the operation *per se*, although many fatal results, direct and indirect, have occurred from this cause. But beyond immediate results very little has come before us. It is of the utmost importance that the ultimate therapeutical value of laparotomy should be clearly established, prior to its general acceptance by the profession, thus preventing the abuse of so serious an operation. Another important consideration is its subsequent effects physically and mentally. A series of senile changes set in after the natural menopause. Is it not therefore probable that similar results will follow the artificial menopause, in consequence of which the unfortunate woman will become prematurely aged. Again the loss of sexual power, to the young woman at least, should not be overlooked. The influence of ovariectomy on the mental as well as the physical powers, should receive consideration from those gynecologists who advocate so radical a measure for so many ills to which the female is heir. If we may judge from analogy (in the lower animals its influence is very marked) we would naturally anticipate deterioration of the physical powers at least.

That important improvements have been made in gynecological practice within the memory of most physicians is freely admitted. And that the general practitioner is now much better able to cope with, and relieve many female maladies in consequence of the advance made by gynecologists is not disputed. But is there not some danger of reaction occurring from the evident abuse of laparotomy, similar to what has followed many other important remedial agents? Is there not even now a tendency to diagnose many obscure maladies in the female pelvis as catarrho-salpinx, hemato-salpinx, hydro-salpinx, pyo-salpinx, salpingitis, cystic ovary, etc., etc., upon very insufficient evi-

dence, and even to resort to abdominal section to assist in diagnosing some intra-peritoneal malady, which could, doubtless, in many cases have been relieved or cured without so dangerous an examination. This cannot fail to bring laparotomy into disrepute, and ultimately result in its being opposed or prohibited where it is essentially necessary.

Instances are not wanting where operations were advised and pronounced imperative by celebrated laparotomists for the removal of the ovaries, which were not permitted by the ladies most interested who have recovered from the various alleged otherwise incurable maladies, and subsequently became mothers. We are not aware that Canada has suffered to any great extent from this epidemic, but as it is very prevalent not only in Europe, but in the neighbouring Republic we are liable to be attacked, and it may become virulent here as well as in other places. Notes of warning are being sounded in those countries where it prevails. Gynecologists themselves are becoming alarmed, and in their congresses are now expressing some fears that it is being carried too far, and mildly deprecating its abuse. It is therefore necessary that we quarantine this epidemic, if not already too late, until all danger of contagion has passed.

HEREDITY IN CONSUMPTION.

As the march of scientific progress goes on, many old ideas and landmarks are being swept away, or so modified as to be scarcely recognizable. No fact has been more universally recognized by both the profession and the laity, than that consumption is hereditary. But the bacillus tuberculosis, as it is now known, materially changes our conceptions of this disease. It is almost universally admitted that this micro-organism is distinctly causative of the tubercular nodule, though the full chain of evidence cannot be said to be complete. Many observers have made careful investigations as to the possibility of transmission of the bacillus to the fetus, whether from the male or female parent. Dr. Jani has concluded that the fetus *may* be infected in two ways, viz.: through the semen of the male or through the migration of the bacilli from the abdomen of a tuberculous mother to the womb, though he believes that infection through the placental circulation must be unusual, for on the examination of a fetus of five

months, the mother having died at that term, of general tuberculosis, it showed no signs of infection either in its lungs, kidneys, liver, or the epiphysal ends of its bones. Professor Wolff, has also made a large number of observations, by inoculating gravid animals with anthrax bacilli and with vaccine, and in no case did either poison show itself in the fetus. The results of his inoculations of the tubercle bacillus are not yet known in full, but so far as is known they point in a direction quite opposite to the theory so strongly insisted upon by Koubasoff, that after inoculation, the bodies of the fetuses showed bacilli in large numbers. While Wolff does not deny that tuberculosis may be hereditary, he insists that such transmission must be of *extreme infrequency*. Why then do the offspring of consumptive parents so frequently die of consumption that it has come to be regarded as a rule of nature that they shall so die. If the bacillus be applied to an open wound, infection rarely takes place. Most practitioners must have received, times without number, the infection of consumption into their lungs, and into wounds on their hands; but how few contract the disease, without having the hereditary taint. The life history of this particular organism may have something to do with this result. It is a slowly developed organism, requiring about ten days when cultivated artificially before it begins to grow. Now if applied to an open wound it will almost certainly have been removed by washing, etc., before it has time to establish itself. But if injected under the skin, at first local tuberculosis develops itself, to be followed later, by a general infection. So in the case of the lungs. When a healthy individual inspires the materies morbi, it is removed by expectoration, before it has time to establish itself and grow. But when a portion of the lung remains consolidated for a length of time, as after a catarrhal pneumonia, then the tubercle bacillus finds a suitable nidus, and time to grow, and foci of infection are thus established. In fibrinous pneumonia the exudation into the alveoli breaks down much more rapidly, and the peccant matter is thrown off before it has such opportunity of development as from its slow growth is necessary. Thus it would appear that the disease is not *per se* hereditary, but the pre-disposition to such conditions of the lungs as favor the reception and growth of the cause of the disease, is hereditary.

This idea is at one with the known results of the action of various remedies which experience has shown to be beneficial in the treatment of consumption, as arsenic, the hypophosphites, etc. They act probably by inducing fatty degeneration of the cells in the alveoli of the lungs to be followed by their removal by expectoration in a shorter time than would ordinarily occur. So also it is known that persons having patches of lung tissue consolidated may live indefinitely without infection, if at sea, or in mountainous, or other districts, where the infecting organism is either altogether absent or extremely rare. This view of the matter leads naturally to the consideration of the advisability of sending distinctly tuberculous patients to health resorts. It would appear that being once infected the process must go on, though the more favorable conditions of life found in such resorts, and more robust general health there enjoyed, would undoubtedly give them a margin of life they would not otherwise enjoy.

THE ANNUAL MEDICAL BANQUETS.

The fourteenth annual banquet of the Toronto Medical School was held in the Rossin House on the 12th Nov. About 150 students, and a large number of guests sat down to an excellent menu. Mr. N. J. Glassford occupied the chair, and most ably fulfilled his duties. His address was listened to with great attention and greeted with applause. The Lieut.-Governor in response to the toast of "The Queen," gave one of his most happy speeches. He recalled to the students the time when nearly all the medicine of Toronto was contained in Dr. Widmer's buggy. Dr. Richardson responding to the toast of the "Universities and Colleges" was greeted with prolonged applause. He believed in the advisability of having a medical faculty in connection with Toronto University. Rev. Dr. Potts responded for Victoria. Hon. G. W. Ross made a few remarks on the educational system of the Province. The delegates from the sister institutions were well received, and succeeded in impressing upon the assembly the importance of the several institutions to which they belonged. Dr. Graham insisted upon the needs of the Toronto General Hospital, and believed it would not be perfect until it controlled half a million of dollars.

Dr. O'Reilly in answering for the hospital was

received with a storm of applause, which showed that the students look upon him as the right man in the right place. He spoke of the facilities given to students for clinical instruction, stating that over 2,500 patients had passed through the wards of that institution during the past year. He also referred to the fact that surgical cases are sent from all parts of the Dominion, making the hospital a kind of surgical centre.

During the evening the Glee Club gave a number of selections which were sung with that peculiar enthusiasm which medical students throw into their vocal exercises generally. Every one seemed to enjoy the evening, and indeed the committee of arrangements may congratulate themselves upon the admirable way in which the affair passed off. The "cold-water system" was strictly adhered to, and the good effects of that beverage were plainly seen, for as the evening wore on, there was none of that unseemly hilarity which so frequently characterizes public banquets.

At the Trinity dinner, also held at the Rossin on the 17th, no less than 224 persons sat down to the good things prepared by mine host, Mr. Irish. The speech by the chairman Mr. McLurg was a remarkably good one, and old Trinity lost none of her prestige by having placed him in the position of honor. Among other interesting remarks he stated that Trinity has now enrolled a larger number of students than any other medical college in the Dominion. The Lieut.-Governor in his response, congratulated the students of the school on the superior facilities they have of acquiring a scientific education, as also upon the grand field of operations in which they have to work, the result, as the speaker eloquently pointed out, of the energy, self-sacrifice, and industry, of their fathers and grand-fathers. Mr. Clark replied for the Legislature in a witty speech in which the comparison of the opposite sides of the House to different schools of medicine was well and skillfully carried through. The toast to the learned professions was responded to by a number of gentlemen present. The Rev. Mr. Milligan in a forcible and eloquent speech advised the students especially to be frank and to discharge their ministerial, as well as their strictly professional functions in their practice. He was followed by Prof. Clark, Rev. Dr. Potts, Mr. Baker, of Toronto University, Mr. Hodgson, Inspector of High Schools, and others. The sister

institutions were responded to by Dr. McFarlane, and delegates from Toronto Medical School, Queen's, McGill, and the Western University. Dr. McFarlane especially insisted upon the necessity of raising the standard for matriculation in medicine, and in this he had the whole meeting with him, but whether the scheme he proposed to get a uniform standard be practicable, or at least workable, will require some discussion. Space forbids our mentioning the names even of the many eloquent speakers who occupied the floor during the evening. Suffice it to say that the Lieut.-Governor, that veteran diner out, was constrained to say he had never listened to better speeches on an occasion of a similar kind.

One very pleasant feature of the evening was the presence of a lady, Mrs. Pickering, as representative of the Women's Medical School, Toronto. It was regretted that more ladies were not present, but Mr. Irish, with his usual generosity, has empowered the committee to invite the whole ladies school to be present next year at his expense. The dinner was an unqualified success, and the students and faculty are to be congratulated on the very orderly manner in which the proceedings passed off, the only drawback being the rather late hour at which God Save the Queen was sung.

SKILFUL SURGICAL OPERATION.—The ubiquitous newspaper reporter is still at work in different parts of the country, much to the *disgust* of the medical men in his immediate neighbourhood. The Mitchell, Ont. papers, of Oct. 22nd contain an "unprofessional" report of an ovariectomy, and while we readily exonerate the medical gentlemen concerned from writing the offending paragraphs, we cannot but believe that the reporter who penned the following got some professional assistance directly or indirectly. "An opening was made in the lower part of the abdomen, fully five inches in length. Then the intestines were pressed upwards, and the tumor, which weighed nearly four pounds, was skillfully removed." The opening was closed and the young lady is doing nicely, and it is thought that in three weeks she will be as well as ever.

ROGERS' GROUPS OF STATUARY.—The latest addition to the now celebrated collection of this well-known artist is entitled "The Elder's Daughter,"

and represents a Puritan Elder riding home from Sabbath Meeting. He has dropped the reins on the horse's neck and has been absorbed in studying his Bible. His daughter rides behind him on a pillion, while a young man walks by her side and offers her an apple from amongst the hatful he has gathered. This is considered a desecration of the Sabbath by the stern father, who looks at the young man reprovingly. See wood cut representation in our advertising pages.

TREATMENT OF DIPHTHERIA.—Dr. Daly concludes a valuable article on this subject (*N. Y. Med. Jour.*) as follows:

"But there are some rules which I beg you will follow faithfully. These are: (1) Give calomel in its purity; (2) give it in large doses; (3) give it frequently (4) give it until you have the free and characteristic catharsis; (5) give light, nutritious diet; (6) give little or no other medicine.

"If these simple rules are followed and common sense is allowed to take the place of common prejudice, you will save more of your diphtheria patients by this than by any other method known to modern medicine."

VACCINATION DURING THE INCUBATION PERIOD OF SMALLPOX.—A number of experiments have lately been made by M. Gubert, (*Lancet*) a Russian medical student, chiefly on dogs, to ascertain the effect of repeated vaccinations of persons who may have been infected, or who are in the incubation stage, or who have actually shown symptoms of the disease. By vaccinating on three successive days, he says he arrested the development of the disease in 27 persons who were, he was quite sure, in the incubation stage, and in 12 others the disease was so modified as to be considered varicoid.

QUININE IN WHOOPING-COUGH.—Dr. Thornton Parker, writing to the *Phila. Med. Times*, says he has been more successful in treating whooping-cough with solutions of quinine, than by any other method. He recommends that the patient should be exposed as much as possible to the open air, and that particular attention should be paid to the food, clothing and general hygienic surroundings. Every two hours he gives a teaspoonful of solution of quinine, the strength varying from two up to ten

grains in the ounce, and he finds that the course of the disease is thus very materially shortened.

BRITISH DIPLOMAS.—The following gentlemen have taken the L.R.C.P., London, at the recent examinations: Drs. H. W. Darrell, J. Honsberger, F. C. Hood, C. S. Haultain, and D. O. Jones, of Trinity Medical School. Drs. Bigelow, Caven, Hamilton, Leeming and Carey, (Toronto). Dr. E. C. McDowell of Flesherton, Ont., has taken the M.R.C.S., Eng., in addition to the L. R. C. P., London, and L. F. Miller of Woodhill, the L. R. C. P. Lond.

MALPRACTICE SUITS.—We have received a communication from Dr. Whitman of Shakespeare, in reply to the letter from Dr. Knill in our last issue, but as this malpractice suit is still before the courts no discussion on the merits of the case is admissible. When the case is concluded Dr. W. is prepared, if necessary, to discuss it in all its phases with Dr. Knill or anyone else. In the meantime he would ask the profession to suspend judgment in the case.

ANTISEPTIC DRESSING.—Lister's latest antiseptic dressing consists of a double mercurial salt made by the sublimation of a mixture of perchloride of mercury and chloride of ammonium, called Sal-Alembroth. The strength used is one to one thousand. The gauze is colored with aniline blue 1 to 10,000. The contact of alkaline discharges changes the blue to red, so that the presence, quantity and quality of the discharges may be readily noted.

NERVE STRETCHING IN SCIATICA.—Dr. Strong, (*Peoria Med. Month.*) speaks of a simple and efficient method of stretching the great sciatic in this disease. His plan is to flex the thigh, with the leg in a straight position. This is very simple and has been successful in Dr. Strong's hands. He flexes the thigh to a right angle with the body, and keeps it there for about five minutes regardless of the exquisite pain it causes the patient.

QUININE AN ANAPHRODISIAC.—Dr. McKinnon of Selma, Ala., believes quinine has the effect of lessening sexual desire if used for long periods of time. He has notes of several cases in which such effect was produced, the persons becoming

alarmed and applying for relief. He believes also that it is more satisfactory than camphor, lupulin, or the bromides in chordee, but must in this case be administered in large doses, frequently repeated.

BASEDOW'S DISEASE.—Prof. Hack (*Deutsche Med. Wochenschrift*) has succeeded in curing a case of Basedow's disease in a girl æt. 17, by cauterizing the hypertrophied mucous membrane on the inferior turbinated bones. He believes the disease was in this case at least, purely reflex, and cites parallel cases to sustain the reflex theory.

CIRRHOSIS OF THE LIVER.—Dujardin-Beaumetz recommends (*L'Union Médicale*) in this disease, the hippurate of calcium. He orders the following formula :

R Hippuric acid 3 vi
Lime water 3 xvi
Syrup 3 xx
Essence of lemon 3 i
S. One tablespoonful several times daily.

TINEA TONSURANS.—Dr. Van Harlingen (*Med. Times*) treats this disease as follows :

R Potassii iodidi 3 ss
Liq. potassæ 3 j M.

The hair is to be closely clipped and this sopped on to the scalp, with a pledget of lint, once daily ; when dry, the following solution should be applied at the same points :

R Hydrargyri. bichlor. gr. iij
Aquæ 3 j M.

FEVER MIXTURE FOR TYPHOID.—Dr. F. Peyre Porcher gives (*New Orleans Med. and Surg. Jour.*) the following formula for a fever mixture for typhoid :

R Spts. æth. nit. 3 ss
Pot. acetatis 3 i-ii
Pot. chloratis 3 i
Liq. ammon. acetat. 3 i
Tinct. aconit. 3 ss
Tinct. camph. co. 3 ii-ij
Aq. ad 3 iv M.

Sig.—3 ii every two or three hours while fever lasts.

IODOFORM IN TUBERCULAR MENINGITIS.—Cases of tubercular meningitis successfully treated by the use of iodoform are reported in the *Revue In-*

ternationale des Sciences Medicales for August. The cases were said to be typical ones of the disease. The treatment consists in shaving the head and applying an ointment consisting of iodoform fifteen grains to the ounce. This is applied twice a day and the head covered with a cap. Other symptomatic remedies such as iodide and bromide of potassium, chloral, antipyrin, etc., were also used.

CURIOUS COINCIDENCE.—Dr. Smith of Newcastle N.B., sends us a copy of the "*Courrier des Provinces Maritimes*," Oct. 28, which contains the following :—Some time ago a woman gave birth to twins. These two infants took sick the same day, at the same hour, and with a similar disease. They suffered much for eight days, and both died the same day and at the same hour. They were interred in the same grave.

COCAINE ADDICTION.—If any reader of the LANCET has met with a case of Cocaine addiction and will be kind enough to send the fullest details at command to Dr. Mattison, of 314 State St. Brooklyn, N.Y., he will reimburse him for any expense incurred, and give him full credit in a coming paper.

PILLS FOR AMENORRHOEA.—De Mussy recommends (*Nouv. Remed.*) the following formula :

R Salicin 1 (grs. xv)
Pulv. rhei 0.50 (grs. viiss)
Confect. rosæ q. s.

M. Ft. pill no. x. Sig. One to three daily.

EAR-ACHE.—Panesi recommends the following for Ear-ache. Camphorated chloral 5 parts, oil of sweet almonds, 10 parts, and glycerine 33 parts. This is introduced twice a day on cotton as far into the ear as possible. A little of the liniment may also be rubbed behind the ear.

REDUCED MORTALITY IN CONFINEMENTS IN VIENNA.—The death rate in confinements at Vienna General Hospital has been reduced from twenty-eight per thousand in 1866, to two per thousand in 1886, and all this by the improvement in sanitation, and the introduction of the antiseptic system.

MORTALITY FROM ANÆSTHETICS IN ENGLAND.—The number of deaths reported in England from

anæsthetics during 1885 was fifteen, of which only three occurred from ether, and the other twelve from chloroform.

STERILITY.—A writer in the *N. Y. Med. Jour.* states his belief in the efficacy of belladonna in the sterility of females. Women with good health, and who are nevertheless barren have he says on several occasions become pregnant after a few weeks' use of belladonna.

ASEPTOL.—Aseptol, says F. Hueppe, is likely to take the place of carbolic acid as an antiseptic and disinfectant. It is not irritating in solution up to ten per cent. It has a more pleasant odor than carbolic acid, is more soluble, is less poisonous and irritating, while it is equally efficacious as an antiseptic.

APPOINTMENTS.—Drs. A. H. Ferguson (Trin.), and Dr. Patterson, have been appointed physicians to the Winnipeg General Hospital. Drs. Codd and Whiteford have been appointed on the Consulting Staff.

CORONER.—Dr. J. H. McLellan of Lambeth, Ont., has been appointed Coroner for the County of Middlesex.

See special Club rates for LANCET and other journals for 1887, among advertisements.

Books and Pamphlets.

THE HEALING OF ARTERIES AFTER LIGATURE IN MAN AND ANIMALS. By J. Collins Warren, M. D., Assistant Professor of Surgery, Harvard University; Surgeon to the Massachusetts General Hospital; Member American Surgical Association; Honorary Fellow Philadelphia Academy of Surgery. New York: W. Wood & Co.

We could well have believed that to all American readers the name Warren might have served as sufficiently attractive and assuring without the above accumulation of honorary entitlements; but as the United States is a very fast country it is most probable that the memories of departed great men pass more speedily into oblivion than in other lands of more tardy progression. Be the fact as it may, this book of J. Collins Warren is no discredit to his venerated patronym. The in-

troductory history of "*The Ligature of Arteries*," involving as it must have done, a range of surgical authorities from 1500 years anterior to the Christian era, down to the present time, must have been an almost Augean labor. The bibliographic references given by the author amount to 235, and it is very gratifying to us to note that our countryman, *William Osler*, closes the roll of honor, with the date 1886. Dr. Warren's industry bespeaks the survival of ancestral enthusiasm: it must remind the Harvard student of 50 years ago, of the admirable anatomical museum of the *great Warren*—a skeletal collection of which the city of Boston might well be proud.

As a surgical experimenter the author has given abundant proofs of his untiring devotion and his faithful recordance of useful facts. Ardent theorists may derive very valuable instruction from the details of his numerous operations, all of which are given with desirable brevity and commendable clearness. Did available space permit the indulgence, we might, acceptably to the readers of the LANCET, quote numerous passages which would testify to the practical value of the work. We restrict our citations to the following closing lines: "We know that both silk and hempen ligatures can become either encysted or absorbed; in other words, they can be so applied as not to interfere with the healing process. Provided the ligatures be adjusted so as to obstruct permanently the flow of blood through the vessel, it is manifest, from the observations which have been described, that a destruction of a certain portion of the vessel walls, and a retraction of the ends of the vessel, must eventually take place, no matter what the nature of the material may be, or how it may be applied. The prime object, therefore, to be obtained, is to employ such methods as will interfere as little as possible with the natural sequence of events which follow one another during the process of repair under the most favourable conditions. When the ends of the vessel are once sealed by the formation of an external ring or callus, and the rest of the wound is promptly healed by first intention, so that the growth shall not be prematurely broken down by suppuration, all danger of hemorrhage is avoided. The rules of antiseptic surgery supply us, therefore, with a more certain method of securing the desirable result than any other plan which, up to the present time, has been proposed."

A MANUAL OF DIETETICS. By J. Milner Fothergill, M. D., Ed.; Physician to the City of London Hospital, for Diseases of the Chest, etc., etc. New York: William Wood & Co. pp. 225. 1886.

The author's name is so widely and favorably known on this side of the Atlantic, both as a teacher and writer, that we are sure this new work from his pen will be welcomed by the profession at large. Nor will anyone be disappointed after a perusal of its pages. The question of dietetics has lately attracted much attention, and we are sure it has been ably handled by Dr. Fothergill in his present work. Part one deals, among other things, with the forms of food, methods of preparing, stimulants, prepared foods, etc., and will prove invaluable to the practitioner, while it will direct the student's attention to the importance necessary to be paid to the consideration of the food of patients. In part two he speaks of the food best adapted to various ages, and in various forms of disease, as struma, gout, phthisis, anæmia, etc., always giving in his own clear and lucid manner, reasons for such foods being administered as he suggests. The chapter on "Food in Gout" is worthy of special mention. We heartily recommend the book as a very valuable addition to the practitioner's library.

A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY by R. A. Witthaus, A.M., M.D., Prof. of Chemistry, Med. Department University of New York. Wm. Wood & Co.

This little work will be found a very convenient and useful guide in laboratory work. It is pocket size and has blank pages for note-taking by the student. We heartily commend it.

THE PHYSICIAN'S POCKET DAY BOOK. By C. Henri Leonard, Detroit, Mich. Price \$1.

This excellent little visiting list has accommodation for 25 or 50 families weekly, also an obstetrical record, monthly memoranda and cash accounts. It is very convenient in form being about the size of an ordinary wallet. There are no tables or lists as in most other works of the kind. It is, therefore, the smallest and lightest in the market.

THE PHYSICIAN'S VISITING LIST FOR 1887. Philadelphia: P. Blakiston, Son & Co.

The old reliable visiting list of Lindsay & Blak-

iston is to hand for 1887. This is the 36th year of its publication and for convenience, compactness and strength it has no superior. It is arranged for 25, 50, 75 and 100 patients per week. Many useful tables and lists are to be found in the work besides space for visits, obstetric engagements, cash account, etc.

A MANUEL OF OBSTETRICS by A. F. A. King, A.M. M.D., Prof. of Obstetrics, Columbia University. Third Edition. Philadelphia: Lea Bros. 1886.

Much of the work has been re-written and such additions and alterations made as were considered necessary to keep it fully abreast of the most recent advances in obstetric science. New illustrations have been added, selected from standard authors.

Fothergill says of insomnia; "Opium is the agent where insomnia is due to pain; chloral where it is due to a high blood pressure in the arterial system; the bromides where there is any peripheral irritation.

"I want some preserves on my bread," whined a boy to his mother. "Johnny," coaxed the mother, "that nice butter and sugar is the thing for little boys." "I won't have it. 'Taint nothing but glucose and oleomargarine, and it's pizen. Gimme preserves if you don't want your little boy to die." He got the preserves.

Births, Marriages and Deaths.

In Winnipeg, Man., on the 25th of Oct., the wife of Dr. A. McDiarmid of a son.

At Alliston, on Friday, November 12th, Samuel Bell, M.D.

On the 31st October, Dr. Byron Franklin, of Port Rowan, aged 55 years.

On the 25th ult., Dr. Aikman, of Woodstock, aged 60 years.

* * * The charge for Notices of Births, Deaths and Marriages is Fifty Cents, which should be forwarded in postage stamps with the communication.

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Original Communications.

FRACTURES OF THE THIGH.*

BY A. B. ATHERTON, M.D., TORONTO.

Fractures of the femur are naturally divided into those of the neck, shaft and lower end.

Those of the neck are sub-divided into intra-capsular and extra-capsular fractures, according as they take place within or outside the capsular ligament of the hip-joint. Many fractures in this locality, however, partake more or less of both characters.

Intra-capsular fracture generally occurs in persons over fifty years of age, and is much more frequent in females than males. The thinning of the osseous tissue, the increased deposit of fat in the cancellar tissue and the more horizontal position which the neck of the bone assumes in old age all assist in making fractures of the neck more common in the later periods of life.

The trochanter major is occasionally separated from the rest of the bone, either as an independent lesion or in conjunction with fracture of the neck.

When the fracture is an impacted one crepitus is of course absent, while all the other symptoms are present in a less marked degree than in cases of complete fracture. In such fractures it will not always be an easy matter to recognise them from a severe contusion of the hip, for it is not justifiable to exercise any violent force in order to get crepitus, lest the impacted fragments be separated and thereby the treatment and result be rendered less successful. All cases of doubt should therefore be handled with care from the first.

I may here remark that I think the best way of getting at the true length of a limb is by measuring from the anterior superior spinous pro-

cess of the ilium to the tip of the inner malleolus. Some prefer to start from the umbilicus, but it seems to me that this point would be more apt to vary somewhat with change of position, and be therefore not so reliable for purposes of measurement.

Some considerable discussion has at different times taken place as to the cause of the very general occurrence of eversion in fractures of the neck of the femur. In cases of complete fracture it is probable that the foot and leg falls outwards by their own weight, just as they naturally do when one is lying on his back while the muscles are relaxed, as in sleep. It has been thought also that the glutei muscles are influential in producing this effect. Bigelow has demonstrated that the cortical bony tissue is more strongly developed on the anterior side of the neck than on the posterior, and he contends that this is the reason why in impacted fractures the latter part yields more than the former and consequently gives rise to more or less eversion of the leg. On examination of the bone we also observe that the posterior part of the neck is hollowed out more than the anterior, which is especially marked at its upper part where the first force of a blow upon the trochanter major would be felt. This we think would tend to the more ready yielding of the posterior side of the neck, even though the tissue were of the same density throughout.

The accidents most likely to be mistaken for fracture of the neck of the thigh bone are (1) some fractures of the pelvis; (2) dislocations of the bone; and (3) severe contusions of the hip. It is not always easy to diagnose between fractures of the neck and those of the acetabulum, but as the treatment would be the same it is not so important to make the distinction. Recent dislocation is usually known by the greater fixation of the head of the bone. When, in cases of impacted fracture, there is much swelling of the soft parts, especially if the patient be a fat subject, it will often tax our powers of diagnosis to the utmost to decide as to the existence of the fracture. As before stated, however, we must when in doubt give the patient the benefit of that doubt and treat the case as one of fracture. There are two methods of assisting us in the diagnosis of fractures of the neck of the femur which are often found serviceable. One is the observation of Nélaton, that the

*Read before the Ont. Medical Association, June, 1886.

top of the trochanter in the natural condition of the parts always lies in the line drawn from the anterior superior spine of the ilium to the most prominent part of the tuber ischii. The second is Bryant's test, which consists in letting fall a vertical line from each anterior superior spinous process to the mattress, and comparing the distances from each trochanter to the nearest point on these lines. On the side of fracture the distance will be found to be less than on the uninjured side.

Still another measurement is mentioned in Holmes' Surgery, called the transverse; which is obtained by taking the distances from the median line of the body to the vertical antero-posterior line at right angles to the former drawn through the top of each trochanter. On the side of fracture the distance will be found to be diminished on account of the inward displacement of the bone due to the impaction.

Fractures of the shaft of the bone are caused both by direct and indirect violence, and are most frequent in the middle third. They occur at all ages, and are occasionally due to muscular action alone, especially in persons whose bones are weakened by scrofula or other cachexia, or in cases which are effected by a latent form of osteitis. I have myself seen a fracture in a female of about forty-five years of age caused by simply turning in bed. Rheumatic pains had preceded the event for some weeks. In another case I saw a surgeon of eminence produce fracture of the femur in a child while examining, with the exercise of but little force, the condition of the limb in long standing hip disease.

We are inclined to think that as to the direction of the fracture it would generally be outwards and forwards for two reasons, viz.: 1st, the facing inwards of the head of the bone; 2nd, the fact that the posterior side of the shaft is usually considerably concave. In all cases where the shaft is broken by a fall from a height upon the feet it will be readily seen that the force of the fall would be transmitted in a direct line from the condyles to the acetabulum, and would therefore cause the shaft to bend in an outward direction. This effect would, however, be probably somewhat modified by the posterior concavity of the bone so as to produce more or less projection of the broken ends forwards. Again in cases of fracture caused by a force acting directly upon the bone, the latter not

being a fixed part would be apt to rotate a little so as to bring the fracturing force somewhat towards its concave side, and thus a more or less anterior direction would be given to the displacement.

Usually there will be no difficulty in diagnosing fractures of the lower end of the femur. In all, except fracture of one condyle, there will be shortening of the limb. Crepitus will also be present, except in the rare cases of impaction. When there is a T fracture of the condyles, we may expect to find widening of the end of the bone; also in all forms of fracture into the joint there will be much swelling of the knee.

In fracture of the lower end of the shaft just above the condyles the upper fragment is generally displaced anteriorly with perhaps a slight variation to either side. The lower fragment is rotated backward by the action of the popliteus muscle.

Having thus briefly considered a few points in connection with the various fractures of the thigh, let us now direct our attention to their prognosis and treatment.

In complete fracture of the neck within the capsule, bony union is very rarely attained, and there will result a considerable amount of shortening, varying from one to two inches. Furthermore, more or less lameness and disability will persist to the end of life. Sometimes even death will ensue after a variable time in these cases, because of the confinement and consequent bed-sores arising in the old people, who are generally the subjects of this form of fracture. Many of these patients will not submit to the application of the usual kinds of apparatus intended to keep the limb at rest or secure extension. In such we must often be content with simply flexing the leg and thigh and placing the limb quietly on its outer side upon a pillow, or if that position does not satisfy the sufferer we must try to find some more comfortable one. Thomas' splint for hip disease is recommended for some of these cases, by which means the patient can be allowed to move about on crutches instead of being confined to bed.

Impacted fractures of the neck, when carefully handled and treated with proper skill, may not get displaced from their original position and will then probably recover with but little shortening and a useful limb. In fractures of the shaft in adults there will result generally shortening of

from $\frac{1}{4}$ to $\frac{3}{4}$ of an inch, no matter what plan of treatment we adopt. Exceptions to this rule are sometimes met with in cases of severe shock where the muscles are more or less paralyzed for a time and therefore do not exert their usual contractive power. I have only once seen such an instance in a man who had in addition to fracture of one thigh, compound comminuted fracture of both patellæ, Colles' fracture of both radii, two fractures of the lower jaw, and a rather serious injury of the thorax. In the case of young children recovery usually takes place with little or no shortening. This is probably chiefly due to the comparatively thick periosteum preventing much displacement of the fragments. Also the weak muscular action may account in some measure for the favorable result.

Fractures of the lower end of the bone are generally rather serious, because of the very great tendency there is to ankylosis of the knee joint in these cases. As to treatment, there is now a pretty general consensus of opinion that Buck's method of extension by means of strips of adhesive plaster to the sides of the limb, and the attachment thereto of a weight and pulley, is the best method to employ in order to avoid an excessive amount of shortening. Counter-extension is best got by raising the foot of the bedstead. As to the accessory application of coaptation splints, and the use of a long outside one to prevent eversion of the leg, opinion seems to be more at variance. Some employ sand-bags in lieu of both these. It may do to pursue this plan in hospital practice where a house surgeon is on hand all the time to rectify any displacement of the limb or bags, but in ordinary private practice, especially in country districts, it will be found that both the coaptation splints and the long outside one will be necessary to insure continued rest of the fragments of bone and the avoidance of eversion. In fractures of the neck it is well to mould a broad splint of poro-plastic felt to the outer side of the hip, while the long wooden splint will also be required to prevent eversion.

In fracture of one condyle, as there is no shortening, there will be no need of any extension. The broken fragment must be brought into position as well as possible and maintained there by the use of a well-padded splint of poro-plastic felt or binder's board, and perhaps a long wooden splint

to either the outer or inner side to correct the lateral bowing of the knee, which is apt to occur. Gooch splints may be substituted for poro-plastic material or the binder's board in many cases for coaptation purposes with good results. Little or no extension will be required in the partial fractures of children, but with the above exceptions extension will always be necessary in fractures of the thigh.

There exists some difference of opinion in regard to the weight to be attached to the leg in order to counteract the muscular contraction. Some surgeons advise the use of as much as thirty or forty pounds for this purpose. As far as my observation goes, however, I think that so great a weight will often give rise to a good deal of pain and discomfort, while I believe it defeats its own end by causing more or less spasmodic action of the over-stretched muscles. In children, from $1\frac{1}{2}$ to 6 pounds, will generally be found sufficient, while in adults, 8 to 12 or 13 pounds will retain the limb at the greatest attainable length.

As to the coaptation splints, in the upper third of thigh the tendency of the upper fragment to outward and forward displacement must be met by a broadish splint, running well up over the hip-joint, also an inner one will be required to aid in pressing the lower fragment into line with the upper end of the bone. In the middle third three splints will usually suffice to retain the bone in position; one for the outer, another for the anterior, and the third for the inner side. The mattress, on which the patient should always be placed, will support the parts sufficiently posteriorly. In fractures of the lower end of the femur especial care should be taken to bring the fragments into good position, and then a plaster or poro-plastic felt splint, well padded, should be applied posteriorly from six or eight inches above the fracture to below the calf of the leg. This may be supplemented by other splints of similar material to the sides, if the case is one which seems to demand it. A slight amount of flexion is generally to be allowed to the knee, so as to aid in coaptation of the lower fragment, which is apt to be turned backwards by the action of the popliteus muscle. If in spite of flexion of the knee, the lower fragment still projects very much, the tendo-achilles may be divided, with good effect. McIntyre's splint is sometimes used in these fractures, but in that case one must sacri-

fice more or less in the way of extension, as the latter cannot be carried out so well when the limb is laid on this splint.

Up to a few years ago, Liston's or Desault's splint was in pretty general use in Great Britain for fractures of the shaft and neck of the femur; but of late we think it has been, to a large extent, superseded by Buck's method. A piece of gutta percha moulded to the groin and afterwards padded with lint, may obviate to a considerable extent the irritation usually set up by Liston's perineal band, which is one of the drawbacks to his method.

Some years ago, Nathan Smith, of Baltimore, invented an anterior splint, consisting of two parallel wire bars running the whole length of the limb, and bent somewhat in the middle and at both ends in order to conform to the shape of the parts. This, after being secured to the front of the limb by bandaging, was slung by two hooks—one above and the other below the knee—to a pulley above the bed. From what little experience I have had with this apparatus, I have not formed a very favorable opinion of it, and would not employ it again.

In some rare instances of fracture in the upper third of the thigh, where the short upper fragment tends, in spite of the ordinary coaptation splints, to project much anteriorly, the double inclined plane may be tried. By so doing, however, much extension cannot be got by the use of strips of adhesive plaster, as they can only be applied to the sides of the *thigh* below the seat of fracture.

In the case of young children, where the bandages, etc., are apt to become wet and soiled by the excretions, Bryant recommends vertical extension by attaching the foot and leg to a bar or hook above the bed, the weight of the body acting as the counter-extension. We think, however, that the use of a starch or plaster-of-Paris bandage, protected by a piece of rubber cloth or some kind of varnish, will answer sufficiently well in such cases.

In conclusion, let me emphasize the importance of the following practical points in the treatment by Buck's method:—

1. Always insist upon having a good, firm, even mattress under the patient, so as to prevent sagging of the hips or other parts of the body.
2. Remove the foot-board from the bedstead, so as to have no obstruction in the way of the down-

ward movement of the body, which is apt to take place more or less on account of the constant traction of the weight. For the same reason, the pulley should be placed at some little distance from the foot. These precautions are not so requisite, perhaps, in hospital or city practice; but they will be worthy of attention in the country, where the surgeon is often not able to visit the patient more frequently than once in a week or ten days.

3. The strips of plaster should be applied exactly along the central part of each side of the limb, their upper ends reaching up as far as the fracture, so as to relieve the strain upon the ligaments of the knee-joint.

4. Bandage the limb from the toes up.

5. Place a cushion of folded blanket, or other suitable material, between the heel and calf of leg, so as to avoid ulceration of the former part from pressure on the bed.

6. See that the position of the pulley be such as to ensure traction in the line of the limb or in a direction a little above that line, otherwise the friction of the member against the mattress will more or less counteract the weight extension.

7. When the long outside splint is used, be careful to pad well the part above the malleolus, so as to protect the latter from pressure.

8. Steady traction is to be maintained by the assistant, until everything is in readiness for the attachment of the weight extension.

OVARIAN-UTERINE OPERATIONS.*

BY E. H. TRENHOLME, M.D.,

Prof. of Gynæcology, Bishop's Medical College, Montreal.

In this brief paper it is my desire to refer to some of the details connected with operations for the removal of the uterus, or its appendages. It is not my intention to refer to the diagnosis of uterine ovarian disease, nor deal with the after-treatment, to any great extent.

With regard to the preparing of the patient for the operation, I would advise you not to resort to purgatives, especially avoid aloes and castor oil, both of which favor congestion of the hemorrhoidal vessels, and consequently renders the patient more liable to inflammatory action. The bowels should

* Read before the Can. Med. Association, Aug. 19, 1886.

be brought into gentle action by diet and mild laxatives; avoid emptying the bladder, especially in extirpation of the uterus, its presence being easily recognized when full and not so liable to be injured; the legs should be wrapped in cotton wool, especially in cold weather, and the temperature of the operating room not less than 85°. The cotton wool can be removed after reaction has been established. There should be ready for use, a couple of dozen of hot towels, which are to be applied, as need may arise, around the body and over the abdomen during the operation; the temperature of the exposed bowels and surface of the body can in this way be easily maintained. It also protects the patient from escaped fluid and blood. I prefer to stand on the right side of the table, which is placed diagonally to the window, so as to allow the light to fall directly upon the abdomen of the patient.

The instruments required for these operations need not be very numerous nor complicated; generally speaking, a scalpel, scissors, director, half a dozen Keberle's forceps, three or four sponges, silver wire, shoemakers' thread, and horse-hair, a needle-holder and needles will suffice. I would press the importance of having clean sponges, instruments and hands, and allow no explorations of the parts during the operation by other hands than your own. Not only must the sponges be clean, but they require to be carefully washed during the operation, in plain water, and then squeezed out of carbolized water before being handed back to the operator. This part of the work should be entrusted to a competent assistant; abundance of boiling water and water, that has been boiled only should be used. If this is attended to, it matters little whether or no carbolic acid is used. It is well, however, to have all instruments, at the time of operation, kept in a 1 to 20 solution of carbolic acid. For ligating the pedicle and all vessels, No. 20 shoemakers' white thread, single or double, well carbolized, is all that is needed. My reasons for preferring this ligature to all others are, that it is quite strong enough, even single, to secure all the vessels that should be enclosed in one ligature, that it affords a safe knot, is easily disintegrated and removed by absorption. This ligature should be soaked at least 24 hours in pure carbolic acid before using, and not allowed to come in contact with water, and for convenience it may be cut

into lengths of about 15 inches and allowed to stand in pure alcohol. For closing the abdominal wound there is nothing better than silver wire for the deep, and carbolized horse-hair for the superficial sutures. Great care should be taken when closing the wound, to have the divided structures carefully coapted, while at the same time avoiding the inclosure of any muscular tissue—as advised by Dr. Goodell. By attention to this last point we avoid suppuration in the track of the sutures, and save the patient a great deal of suffering. There can be no advantage from effecting union between the recti muscles. It cannot possibly strengthen the abdominal wall, and must interfere with the proper action of these muscles.

In removing the silver sutures cut the wire close to the skin, with the blades of the scissors lengthwise of the body. In this way, pain and injury of the tissues in the track of the wire are avoided. In all my operations I use horse-hair for the superficial sutures, and never, in any instance, has it slipped or caused the slightest irritation. As to the abdominal wound, there is much need for good judgment in selecting the best place and mode of making the incision. It is most important to confine the wound, as nearly as may be, to the median line midway between the umbilicus and the pubis. In no case should the incision be extended toward the pubis nearer than one and a half inches. The reason for this is that the lower parts of the abdominal wall are the most important for suspension of the bowels, and also because the ligamentous structures of that part, when once divided, are difficult to coapt and retain in juxtaposition till union takes place. A small incision of 1½ to 2½ inches is all that is needed in most cases of ovariectomy or removal of the uterine appendages, and when this wound is properly made, it unites perfectly and becomes almost obliterated after a few months. The abdominal incision should be made in the median line, so as to divide the sheath of the recti muscles without cutting a single muscular fibre, for the reasons already given. The division of the skin and adipose tissue should be made at one stroke of the scalpel; it is worse than mere waste of time to divide the structures upon a director layer by layer; it is a bungling way to operate, and leaves the edges of the wound in such a state as to interfere with primary union. Care is needed in entering the peritoneal cavity; but be

sure you are in the cavity before proceeding further with your operation; I have seen more than one operator attempt to enucleate the cyst before the cavity had been reached.

In ovariectomy or spaying, having reached the pedicle, it should be ligated in small segments, taking care to avoid wounding any vessel, and, when possible, ligating the larger vessels by themselves—use the linen thread, tie firmly and cut off short—you need not fear hemorrhage. Always divide the distal end of the pedicle with the scissors, and at least $\frac{1}{4}$ of an inch from the ligature. I need not refer to the importance of thoroughly cleansing the cavity, and introducing a drainage tube when necessary, or a piece of carbolized lint. It is not advisable to allow a drainage tube to remain longer than 36 hours.

We have already referred to the closure of the wound, and therefore speak of external supports. I advise the use of carbolized gauze to the wound, a pad of six or seven thicknesses, three inches wide, placed on the wound, and kept in place by two or three straps of rubber plaster, not more than ten inches long. I allow no other dressing, except in those cases where the tumor removed was of enormous size and the parietes flabby, when an abdominal bandage is applied for 24 or 36 hours. Bandages are of no use, they greatly inconvenience the patient, and interfere with the use of hot water fomentations, which are of great comfort and service in almost all cases for the relief of pain and arrest of threatened inflammatory action. Another point is, that I allow my patients to move in the bed, so as to secure the most comfortable position. If the vessels are properly secured there is no danger of hemorrhage, and the relief from a constrained position, long maintained, is of great value in securing nerve and muscular rest. I also believe such movement favors the restoration of the natural position of the bowels, which sometimes become deranged during the operation. Anyway, I have never seen any ill effects from such movements.

With regard to removal of uterine fibroids, I have been led to vary the operation a good deal. When the growth is large, I think it well to divide the mass in a vertical line, having, of course, constricted the pedicle to prevent bleeding, and then having enucleated the growths, I form the stump of the uterine tissue only, making the V incision,

referred to in a former paper upon this subject. This mode of forming the pedicle has been used by myself for some years; yet inasmuch as Auguste Martin has adopted the same procedure, I am unable to say which of us is entitled to priority. One great advantage in thus operating is that a pedicle can always be secured, and the vascular connection of the flaps with the pelvic circulation need not be completely cut off. By this procedure the roof of the pelvis is maintained for the support of the abdominal viscera. The quilting, or shoe-makers' stitch, used by me to coapt the flaps, suffices to control all hemorrhage after the ligation of the uterine arteries. The advantage of this mode of dealing with the pedicle requires no special pointing out. Another thing to which I would refer, is the value of linseed tea enemata; they greatly facilitate the passage of flatus, and give much comfort to the patient, while they are valuable for the sustentation of the patient at a time when but little nourishment can be administered by the mouth. The value of hot water fomentations in threatened peritonitis and cellulitis, is worthy of more attention than is generally supposed to be necessary. To be useful, however, they must be efficiently applied, and here I would say, trust no one to do the work without you have seen that they can do it well.

As to medicinal treatment, I hold but little to it. Aconite in solution, in two or three drop doses every four hours, is of some value when the pulse is wiry and quick, and the skin hot and dry. For the distress arising from flatulence, I have found caraway tea frequently do good service. When possible, avoid using the catheter; allow the patient to pass her water voluntarily.

There are many points connected with uterine ovarian operations which I have not alluded to, but have briefly referred to some things that I deem to be original, and to others that, perhaps, are not generally known. My main object, however, has been to elicit a discussion, and if in this respect my hopes are realized, I shall be satisfied.

An interesting discussion followed upon the reading of the paper, a report of which will appear in the "Transactions of the Canada Medical Association."

THE London *Lancet* will be edited by Dr. Wakley, nephew of the late editor.

TRIGGER FINGER.

BY A. M'PHEDRAN, M.B., TORONTO,

Physician to the Hospital for Sick Children.

A. P., æt. 38, employed in a wholesale shoe establishment, in which he operated a machine requiring considerable pressure to be made by the fleshy part of the thumb of the left hand. His history is good, not rheumatic. During the early part of last summer he found there was some pain and stiffness in the movements of the thumb. This increased, and when I saw him a few weeks after the symptoms first appeared, the last phalanx was arrested in partial flexion, on increasing the effort the impediment suddenly gave way, and flexion was completed with a penknife-like "snap," accompanied by sharp pain. Exactly similar symptoms were produced by extension. The pain was referred to the anterior surface of the metacarpophalangeal articulation, and pressure over the long flexor tendon at this point caused sharp pain, but no nodule or other abnormality could be found. This condition was of much annoyance to him as besides interfering with his work, it was frequently being flexed by coming into contact with objects, and at night he was often wakened by the pain. He was advised to wear a leather splint to keep it in a state of extension; this was to be removed night and morning and friction and passive motion resorted to freely. With the exception of a little stiffness he recovered completely some time ago.

This affection is a rare one; the only description of it that I have seen is in the proceedings of the New York Neurological Society,* which came under my notice some time after I had seen this case. In this Dr. Geo. W. Jacoby records two cases, and refers to several published in Europe. He collected altogether 33 cases, two-thirds of which occurred in females. The thumb is affected oftener than any one of the fingers. Sometimes extension only is interfered with. The condition has to be distinguished from paralysis and spasm of muscles and from rupture of tendons, all of which may lead to sudden extension after flexion or *vice versa*. In almost all the cases recorded, as in all nodule very painful on pressure, was found adherent to the flexor tendon near the

metacarpophalangeal articulation, and to it are to be attributed all the phenomena. No such nodule could be found in the case given above, though it was carefully sought for. The etiology is uncertain; in the majority, as in this case, it is possibly traumatic. Rheumatism may be a cause in some. Possibly the cause may be in the articulation in some cases.

Since writing the above, five additional cases have been published in the Proceedings of the N. Y. Surgical Society, by Dr. Abbe (*Medical News*, Dec. 4), and a very interesting selection on the "Mechanism of Trigger Finger," by Dr. Steinthal, of Heidelberg, is given in the *Annals of Surgery* for November.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—The ex-president of the College of Physicians and Surgeons of Ontario, on retiring, criticized severely the utility of the Council. A committee investigated the matter and found the charges groundless. Here the matter ended. This is unfortunate. The committee surely could not have been possessed of some of the facts of the case, or their finding would have been modified. They certainly had reason to congratulate themselves that now there is but one licensing body, but there is abundant evidence that the examinations of the Council are too easy and not sufficiently practical.

As to the first indictment, that a man should become a matriculant of the College, it is deemed sufficient that his literary education should not exceed that required for third class teachers' certificates, with Latin; the easiest examination in the High School course. Yet, easy as this appears to be, the Council accepts men whose marks in Latin would not entitle them to third class certificates. Moreover, some young men who had hard labor for years to pass this matriculation (!) have obtained a license in two years and six months, without any difficulty.

A large number of third year students wrote for the license at the last examination, and not one failed, i.e., two and a half years after they registered their names as medical students, they received a license.

A practitioner licensed in April, '86, during his

*Philadelphia Medical News, June 10th, 1886.

30 months' pupillage, managed to teach in Provincial High Schools 13 months, spend some time in the civil service in Ottawa, and teach night school while in Toronto. Another licentiate of '86, who neither possessed nor had access to final books till after Jan. 1st, 1886, passed the final examination in April, with honors, in four or five subjects. Several men engaged in teaching school from 9 a.m. till 4 p.m., every day but Saturdays, who do not neglect their schools and accompanying night exercises, pass easily in three and a half years, i.e., four sessions of six months each, which, from the very nature of things, they cannot possibly attend. It may be said that it is no concern of the Council, where a man obtains his information or how long it takes him to get it; but surely it should take average men longer than two and a half years to acquire information enough in medicine and surgery, to have permission to tamper with men's lives.

In the second place, the final examination is altogether unpractical. Candidates are not asked to diagnose cases in medicine or surgery. Skill in palpation, auscultation or percussion is not looked for. No operation on a cadaver or practical device in minor surgery is expected. Physical skill is ignored. Hospital work is useless to candidates at the Council's final, and hence is neglected.

If I dared to trespass further on your valuable space, I could give instances of blunders made in the hospital theatres and the dispensaries by some of our best men; and when such is the case, what would likely happen in the practice of those who neglect their opportunities for experience?

Yours, etc.,

G. R. CRICKSHANK.

MEDICAL REGISTRATION IN ONTARIO.

To the Editor of THE CANADA LANCET.

SIR,—One of the important question, if not the most important, that will engage the attention of the Medical Council at its next meeting, will be that of registration of English practitioners. Hitherto the only requisite has been the payment of the registration fee. But now, it is proposed to change all that, and compel all applicants for registration to undergo the examinations of the Council.

It is instructive, in view of this proposed

change, to contrast the action of the profession in the United Kingdom, with the proposals of the Ontario Council. And in order to do this I may give a summary of the provisions of the recent Medical Act which comes into force next June, in so far as they affect colonial practitioners.

Under this Act, the right of registration in the old country, which Colonial Universities and qualifying boards have all along claimed as due to their standard of medical graduation, is granted on the following conditions:

(1) "That the applicant holds some medical diploma or diplomas granted to him in a British possession to which this act applies, and that he is by law entitled to practice medicine, surgery and midwifery in such British possession. Then, on application to the registrar of the General Council, and on payment of a fee not exceeding five pounds, he shall be entitled, *without examination* in the United Kingdom, to registration as a colonial practitioner.

(2) "That the diploma or diplomas was or were granted to him at a time when he was not domiciled in the United Kingdom, or in the course of a period of not less than five years, during the whole of which he resided out of the United Kingdom."

The condition "in a British possession to which this act applies" is defined in the Act, as being a colony where equal privileges are granted to English practitioners. In view of this concession on the part of the home authorities it is difficult to find a reason for the proposed action of the Ontario Council. It has been suggested that the principal reason for passing this regulation is the fact that many students of medicine, in the different parts of Canada, avoid the examinations of the Council by going to the old country; and on their return, claim registration in virtue of their British qualifications, with consequent loss of fees to the qualifying body here. But there are higher considerations than fees. Surely the "National Policy" has not extended to the practice of medicine. Are the ailments of the Canadian public to be "protected" as against the skill of an English practitioner, in favor of those who have paid the fees of the Medical Council? If so, when the public finds this out, short work will be made of the privileges of the College of Physicians and Surgeons of Ontario.

It certainly cannot be argued that the condi-

tions upon which licenses are granted in Great Britain render it necessary to hold examinations in Canada in order to protect the public against incompetent practitioners. It is true that it is said that some who failed to pass the examinations of the Council here, have gone to Edinburgh and obtained a license there. This may be perfectly true. On the same ground exactly it might be argued that the examinations of the Council here are too easy because many men, who have failed to pass the examinations of the Universities, have succeeded in passing before the Council. These things are simply the accidents of examinations and prove nothing. To those who know how much practical work is needed to obtain a license in Great Britain as compared with Ontario, the idea of holding further examinations here, on British licentiates, is a little absurd. If the reason for the proposed change be that when students go to the old country, the fees are lost to the Council without any real advantage to the student, owing to the shortness of the time he spends there; then a much more dignified way out of the difficulty would be to refuse registration to such students, unless they have spent one or more years in one of the medical schools of Great Britain, and have obtained a creditable diploma. To shut the door in the face of the English practitioner is rather a heroic remedy for the small evil of losing student's fees! If Canada possessed the advantages of the great medical schools of Edinburgh and London, and exacted a much higher standard of medical knowledge than obtains in Great Britain, then we would have some excuse for being exclusive. We possess neither the one nor the other, and now, that equal rights can be secured to the colonial practitioner, by making registration in England and the colonies reciprocal, it is neither dignified nor good policy to enact prohibitory laws.

Yours, etc.,

D. E. J.

Toronto, Dec. 5th, 1886.

RE DOVER'S POWDER.

To the Editor of the CANADA LANCET.

SIR,—I notice in the CANADA LANCET for Nov., an article from *The Asclepiad*, on Dover's Powders. I have in my library a work, entitled, "The Ancient Physician's Legacy to his Country," by Thos.

Dover, M.B., 1732, in which, under the treatment of gout, he gives the following prescription:—"Take opium, one ounce; saltpetre and tartar vitriolated, each four ounces; *ipocacuana*, one ounce; *liquorish*, one ounce. Put the saltpetre and tartar into a red-hot mortar, stirring them with a spoon till they have done flaming. Then powder them very fine; after that, slice in your opium; grind these into a powder, and then mix the other powders with these. Dose: from forty to sixty, or seventy grains." Is not this the original Dover's Powder? Judging from his book, Thomas Dover, M.B., was an arrant humbug.

Yours truly,

WM. J. ALMON, M.D.

Halifax, N.S., Nov. 28, '86.

Reports of Societies.

CHATHAM MEDICAL AND SURGICAL SOCIETY.

The monthly meeting of this society was held November 3rd, Dr. J. P. Rutherford, president, in the chair.

Dr. Tye read a carefully prepared paper on The Differential Diagnosis of Hysteria from Diseases of the Brain. He narrated a couple of cases where, after a thorough examination by two or more medical men, hysteria was diagnosed in each case; and yet, within a few days, one patient died of an uncertain brain disease and the other of tubercular meningitis. He quoted Gowers to the effect that hysteria simulated nearly every organic brain disease. Dr. Grassett, of Montpelier University, France, in "Brain" for January, 1884, advances the theory that hysteria is a symptom of the tubercular diathesis, and that attacks of each may alternate, one with the other. The reader of the paper has noticed this in many cases, and his attention was drawn to it in the above journal. In grave and obscure cases we are justified in diagnosing the more serious malady; or, at least, in warning them that more serious symptoms may appear in the future. Hysterical pyrosis is generally fugitive, hence a continuous fever for some days, favors a lesion. The coma due to hysteria must be diagnosed by the age, sex, absence of fever, ease or difficulty in deglutition, and the former and present history of the patient. Rapid

and the Cheyne-Stokes form of respiration may occur in hysteria, and especially in first attacks; but are present only in the last stages of grave organic diseases. In hysterical hemiplegia, the upper and lower extremities are seldom affected alike, and the face is never involved. Where there is contracture in hysteria, it is more marked, less resisting, and more irregular than in cases of true paralysis.

The skin and tendon reflexes and the electrical reactions are preserved in hysteria. In the paralysis due to hysteria, the wasting is due to disease. Hemi-anesthesia, without loss of motion, is almost always hysterical. Gowers says, "In conclusion, it must never be forgotten that many organic diseases of the brain produce hysteria. In any case apparently hysterical, the slightest symptom of organic disease is of absolute diagnostic significance, and until the absence of any symptoms of that kind, no other symptoms nor former history should be allowed to bias the observer's mind." In a large number of cases, attention to this rule will dispel all difficulty.

December 3rd, Dr. J. P. Rutherford, president, in the chair.

Drs. McKeough and Hall reported cases, showing the necessity for, and the value of post-mortem examinations. Dr. McKeough's case was that of a young man, æt. 26, who had always been healthy, till about six months before death. The last few months of his life, he complained of malaise, and vague pains through the body. Some weeks before his death he was confined to his bed, with what seemed to be a mild attack of typhoid fever. While convalescing from this, he got up from a lounge to do some little thing, and, on returning to the couch, complained of pain over the heart, turned blue, and in a few minutes was dead. The heart was examined the day before death, and no enlargement or lesion was discovered. The urine contained no albumen, but deposited copiously of urates. On post-mortem examination, the pericardium was found filled with partially clotted blood, and a rupture existed in the anterior wall of the right ventricle. The cavity of the right ventricle was normal in size, but its walls were as thin and friable as blotting-paper. His death was so entirely unexpected, that a post-mortem was asked for.

Dr. Hall's case was that of a baker, æt. 52, of temperate habits and free from any syphilitic taint. He applied for advice about four weeks before his death, complaining of not feeling well, of constipation, and a slight cough. At this time he was dull, and very slow in comprehending questions. Pulse rapid, wiry and irregular; temp. 97.5° F. Pupils contracted, but even and responsive to light. He grew gradually weaker, and on rising to walk, would stagger and have to steady himself before starting. Sensation was impaired, and the skin and tendon reflexes lost. The grip of the hand was weak, but both were equally strong. Respirations 10-14 per minute. The temperature rose to normal two days before death. On post-mortem examination, general softening of the entire brain was found, together with an abscess cavity in the right occipital lobe, and an excessive quantity of ventricular fluid.

The President reported two cases of poisoning, in a man and his wife, from eating head-cheese. The symptoms set in about three hours after partaking of it, and consisted of violent vomiting, followed by purging. The general opinion was that the meat had undergone some fermentative change, either before or after its manufacture.

Dr. Backus read a paper on Chronic Constipation, dealing with its causes, results, and treatment. All present joined in the discussion following it, and in the main agreed that more was to be hoped for from hygiene, diet, kneading of the abdomen, enemata, and regularity in going to stool, than from the continuous use of medicine.

MEDICO-CHIRURGICAL SOCIETY, MONTREAL

Regular meeting held 3rd December, 1886. Dr. Cameron in the chair.

Dr. Stewart exhibited a patient with glandular enlargement or Hodgkins' disease; the blood was deteriorated, red corpuscles were about 1 to 20 of white. Treatment in many cases was successful. Billroth uses large doses of arsenic.

Dr. Bell said he had seen a number of these cases, and while some of them died in a few months, others lived for a long time; in some cases complete recovery has obtained.

Dr. Mills said recent investigation tended to

show that the red corpuscles were produced by the lymphatic glands; the case now spoken of tended to confirm this view.

Dr. A. L. Smith exhibited a case of psoriasis, where the ordinary treatment and chrysophanic acid failed to subdue it, but which rapidly yielded to anti-syphilitic treatment.

Dr. Shepherd exhibited a lad, about 18 years of age, who is the subject of leprosy; he is from Trinidad, where there is a great deal of leprosy, but none in his family. The disease first made its appearance about six years ago. There were well defined areas of anesthesia, especially on anterior aspect of both thighs. There were many tubercles, and the face and state of the fingers (especially) were markedly characteristic of the dread disease.

Dr. S. also showed specimens of cancer of the pylorus, and of a heart that extended three inches over the right side of the median line. The right auricle held $\frac{3}{4}$ xvij. and right ventricle $\frac{3}{4}$ x., while the left heart was but slightly dilated. The man was the subject of acute tuberculosis of the lungs and tubercular disease of kidneys. There was no valvular incompetency, and it was surmised that the enlargement was due to the lung trouble.

Dr. W. Gardner exhibited the ovaries of two patients, one aged 28, where one ovary was as large as a filbert and the other slightly enlarged. The other specimens were from a lady aged 38 years, the subject of pelvic distress and menorrhagia. Both ovaries were atrophied.

Dr. Trenholme was opposed to spaying in cases similar to the last mentioned, inasmuch as the patient was 38 years old, has lost much blood, and the functional activity of the ovaries had subsided. Patients who lose much blood at the menstrual periods, generally reach the climacteric period early. In a very similar case under his care, the patient ceased to menstruate before she was 40, had no more hemorrhages, and was now quite well.

Dr. Mills read a very interesting paper on the "Causation of heart-beat." It is not possible to give a very satisfactory summary of this paper. He regards intra-cardiac pressure as the chief factor of the cardiac action. Intra-cardiac nerve-cells are not essential to action of the heart, *e. g.*, in some of the lower grades of animal life. The heart's action is due to—1st. Inherent contrac-

tility of the muscular cell. 2nd. To intra-cardiac pressure. 3rd. To nutrition of the cells under control of the nerves. It has also been noted that the influence of the nerve force becomes more decided as the scale of organization attains a higher grade.

Dr. Shepherd gave a brief but interesting report of a case of suture of the ulnar nerve. It was dissected out from its cicatricial adhesions, the ends freshened and sutured together with most satisfactory results, sensation being restored in 24 hours and subsequently motion also.

Dr. Roddick related a case of suture of the sciatic nerve, some two years ago. The results in this case were also very satisfactory.

MICHIGAN STATE BOARD OF HEALTH.

A sanitary convention, under the auspices of the State Board of Health, was held Nov. 18 and 19. We give abstracts of a few of the papers.

Dr. J. P. Stoddard, of Muskegon, read a paper on "Injuries of Every-day Drug-taking." He said the habit of taking drugs and nostrums was beyond comprehension. It partly came from mothers dosing babies with soothing syrup, hive syrup, paregoric, worm lozenges, etc. Druggists and proprietary medicine companies distributed flaming bills, chromos and free samples of nostrums from house to house. The prevention was to educate the people in the injurious effects of drugs. There should be less medicine taken, and only on the advice of a physician after a careful diagnosis. A doctor was not capable of prescribing for himself when ill, much less the laity, who knew nothing of the action of drugs.

Dr. D. Inglis, of Detroit, read a paper entitled "Alcohol: What Effect has it as Food, Medicine, or Poison?" In closing his remarks on alcohol as a medicine, he said: I should like to produce the continually accumulating evidence of the positive harm caused by such indiscriminate use of all kinds of alcoholic drinks, bitters, and tonics. I should like, even more carefully, to define the conditions in which alcohol ought to be used than I have here done. I have only time to urge that we ought, in all cases to let alcoholic liquors be the last and not the first, remedy; that we ought to give alcohol in definite and known doses, and

only during such time as the drug is required, and to make it our business to see that its use is then suspended, just as we do in case of opium.

Dr. J. Avery, of Greenville, President, read a paper on the subject of "Pasteur and Protective Medicine." Dr. Avery told of Pasteur's parentage, his boyhood, his studies, and his first triumph as a chemist in discovering the left-handed polarizing tartaric acid. Pasteur, after this work, was made assistant professor of chemistry at Strasburg, where his first work was to prove the power of minute organisms to change or modify chemical affinity. He was then made dean of the faculty of science at Lille. Here he determined to devote a portion of his lectures to the study of fermentation. The prevailing theory of fermentation at this time, Pasteur could not accept. He experimented with milk, and discovered the lactic ferment. And soon after, in the same substance or some of its products, he found the butyric ferment. These two organisms he found to be entirely distinct. The lactic ferment required for its existence and multiplication, free oxygen or air; while the butyric ferment died when exposed to the atmosphere. Pasteur soon demonstrated that the special fermentation known as putrefaction is caused by a living organism belonging to the same class as the butyric ferment; and he also soon discovered the acetic acid ferment—the "*mycoderma aceti*." Pasteur's next work was to demonstrate that spontaneous generation was a myth; and he then discovered the germ which caused so much havoc among the silk worms of France and other countries. He demonstrated that the disease among the silk worms was contagious, and gave practical directions for its prevention which restored the silk industry to Europe. This work led him to the great work of his life,—the development of the theory of the parasitic origin of communicable diseases; and in this effort he took the disease known as anthrax or splenic fever, which was decimating the flocks of all Europe. He put a drop of splenic fever blood into sterilized yeast water; in a few hours it swarmed with myriads of bacteria. A drop of the first cultivation he put into a second flask containing the same kind of liquid, and the bacteria multiplied as before. This process he repeated 15 or 20 times, and by this means freed the initial drop of blood from any substance it might have carried with it. And

now, if a drop of this last cultivation is injected under the skin of a rabbit or a sheep, the animal dies with all the symptoms of idiopathic splenic fever." Pasteur had studied vaccination, and he now undertook to vaccinate for protection of animals against splenic fever. "Before the close of the year 1881, Pasteur had vaccinated 33,946 animals. In 1882, the number amounted to 399,102, including 47,000 oxen and 2,000 horses. In 1883, 100,000 were added to the list. In 1881, it was the common practice of farmers to vaccinate one-half of their herds and leave the other half unprotected. It was found at the close of the year, that the loss in the protected sheep was ten times less than in the unprotected, being 1 in 740 as against 1 in 78. In cows and oxen it was 14 times less. * * * "In pursuing his investigations of the splenic fever disease, Pasteur made some curious and interesting discoveries which are of practical value to sanitarians and all who are interested in preventing the spread of communicable diseases. * * * He found that an attenuated virus that could cause no harm to a guinea pig a year or a month or even a week old, would kill one just born. The weakened microbe could multiply itself in the blood of one so young; and a few drops of this pig's blood would kill one still older, and so on until the full virulence of the microbe was restored. * * * Exposed to the air, these germs become weakened or take on the form of spores, in which condition they will remain viable for years, and float in the air as minute particles of dust, until they find lodgment in the proper media for their development and multiplication. What is true of these germs, may also be true of the germs of diphtheria, scarlet fever, small-pox, typhoid fever, and other communicable diseases. In localities where these diseases have prevailed as epidemics, is it not quite possible their attenuated and viable germs are constantly floating in the air, ready to resume their active form whenever and wherever the conditions of climate, of poverty, of wretchedness, of filth, and of bad air, present themselves?" Dr. Avery closed his paper with a discussion of Pasteur's work in inoculating for hydrophobia.

Selected Articles.

RAPID DILATATION OF THE CERVIX FOR DYSMENORRHOEA AND STERILITY.

BY DR. GOODELL, PHILADELPHIA.

Our next patient is a woman, 28 years of age, who has been married some years and is sterile. Puberty occurred at the age of fourteen. She has always had dysmenorrhœa, the worst pain coming shortly before the flow begins. The flow is not very great and does not last longer than two days. We have here a case of stenosis or narrowing of the cervical canal. This is partly congenital and partly the result of ante flexion. The history of these cases is that when menstruation begins, the woman has pain. The womb gradually fills with blood, which cannot escape on account of the bend. As the fluid continues to accumulate in the uterus, the pain becomes excessive. The distention straightens the canal, and the blood escapes, when there is relief to the pain for a time. After the womb is empty, the cervix resumes its bent position, and the same process of filling and of emptying is again gone through with.

By far the best operation for the relief of this condition is forcible dilatation. Formerly, after its introduction by Dr. Marion Sims, to whom we owe pretty much all that we know in gynecology (for he gave us the hints which have since been developed), what is termed the bloody operation was extensively employed. The loss of life following this operation was very great, and the death of a patient after an operation for the relief of a condition of this kind is a serious matter. Some years ago a lady came to me with severe dysmenorrhœa. She was an active and valuable member of society. When the menses came on she was compelled to go to bed and take large doses of opium, and for seven or ten days of each month she was unable to do anything. This condition preyed upon her constitution, and her health began to fail, and she was anxious to be cured. I performed the posterior incision. This was before we knew as much about septic diseases as we do now. In this case, septicæmia set in and the patient died on the ninth day. If the operation had not been performed, the lady might have lived indefinitely, so far as the dysmenorrhœa was concerned. This sad experience led me to give up the posterior incision. Then there began to appear in the journals reports of deaths following this operation. One physician stated that he knew of at least fifteen deaths following the posterior incision that had never been reported. After thoroughly considering the matter, it seemed to me that rapid dilatation would be a safer and better method.

I do not mean to say that I am the author of the operation. It had been suggested before this by Ellenger, of Germany, but the instrument which he employed was too weak to accomplish the desired object. The great advantage of his instrument was the parallel action of the blades. I modified his instrument somewhat, and made one with stronger blades which could not feather and which were roughened to prevent slipping. That there was much dissatisfaction with the old operation is shown by a little experience a few years ago. I read a paper before one of our societies on this subject, and mentioned the name of the instrument maker who made my dilator. There was at once a great demand for the instrument, and the manufacturer told me that he had to keep three men at work for over a year simply making these dilators. From the names of those who had sent for the instruments, I am satisfied that their results had not been satisfactory with the old plan of treatment. This is an operation which I can confidently recommend. I have now operated over two hundred and fifty times, and I have never had a serious result follow. In a few cases there has been a local peritonitis, but not of a severe character.

I used to do this operation without antiseptic precautions. I now, however, always use antiseptics. The other day I was called upon to perform the operation rather unexpectedly, and there was no carbolic acid or bichloride at hand. I sent for some vinegar, and employed this as I would any other antiseptic, for it is an excellent antiseptic. I wash the vagina by injecting a 1-2000 solution of the bichloride of mercury. Before beginning the operation I introduce a suppository containing one grain of the aqueous extract of opium, and by the time that the effect of the ether has passed off, the opiate will be beginning to act. I now introduce the speculum and bring the os into view. I catch the cervix with a strong tenaculum and introduce the slender dilator, and dilate to an extent sufficient to permit the entrance of the larger instrument. The stronger dilator is now passed and its blades slowly separated. I shall, if possible dilate to the extent of one and one-fourth inches. It is rare that I do not dilate more than one inch. You may ask: "Is there not danger of tearing the cervix in this operation?" There is some danger of tearing the cervix a little, and I have done this occasionally, but not very frequently. In the bloody operation, the whole thickness of the cervix was cut through posteriorly. Here a little lateral tear is all that takes place, and I have never seen it of sufficient extent to require a suture.

I have now slowly dilated the cervix to the desired extent, but there has been no tearing. I shall next syringe the vagina again with the bichloride solution, and pass some of it into the dilated

canal. To-morrow we shall begin and use injections, twice a day, of a 1-4000 solution. The suppositories will be repeated every two hours, as long as there is any soreness. Two or three are usually all that are needed. The patient will be kept in bed as long as any soreness remains. Eight and forty hours in bed is, as a rule enough. She will be advised to do no laborious work for a week, in order to avoid all danger of peritonitis. Treating patients in this way, I have had no serious trouble. The most troublesome case that I have had was in the wife of a physician. She had a uterine fibroid, and when the uterus is the seat of a fibroid tumor, it is particularly vulnerable. She also suffered severely from dysmenorrhœa, for which I thoroughly dilated the canal. This was followed by very severe uterine colic. Under the use of large doses of asafoetida, this was overcome. By large doses, I mean nine grains three times a day, three three-grain pills being given three times a day. This is a harmless remedy, and it certainly has, when given in large dose, a beneficial effect over nervous symptoms. It is of service in hysterical girls. If there are convulsions, overcome these with an emetic, and then saturate the system with asafoetida. The remedy cannot be given in an extemporaneous preparation on account of its taste, but should be given in sugar coated pills.

What is to prevent the cervical canal from shrinking and returning to its former condition, with a return of the dysmenorrhœa? The reason is, that the muscular fibres have been overstretched, and they will never return to their original condition, just as a rubber band which has been overstretched never returns to its former shortness.

—Polyclinic.

SUBCUTANEOUS INJECTIONS OF MERCURY IN SYPHILIS.

MR. J. ASHLEY BLOXAM (*Lancet*, August 21, 1886) recently delivered a lecture on the excellent results which he had obtained at the Lock Hospital and elsewhere in the treatment of syphilis by intra-muscular injections of a solution of the perchloride of mercury. The solution for injection contains six grains of the perchloride to the ounce of distilled water, and should be made fresh for each *séance*. Since he had adopted this method, now a period of some eighteen months, upwards of fifteen hundred cases had been treated with the best results. The sore generally begins to heal very promptly after one or two injections, the secondary symptoms are markedly modified, and after a course of treatment extending over a year, more or less, the patient is enabled to discontinue his attendance. Towards the latter end of the course of treatment the injections may be given less frequently, and, as a general rule, not more

than from eight to twelve grains of the perchloride are injected in all. It is undesirable to repeat the injections oftener than once a week, as otherwise salivation might be induced, and the quantity injected each time (one-third of a grain) is found to be quite sufficient until the next time. There are several advantages attending this method of exhibiting mercury. In the first instance, it is only necessary to see the patient once a week, when sufficient mercury is injected to last until the following week; secondly, salivation is not produced, as when the patient continued to take mercury for a whole week away from the supervision of his medical attendant; thirdly, the gastric derangements which are so apt to follow the administration of mercury by the mouth are by this means avoided; lastly, the ease and certainty of the administration, which enable the surgeon to do his own dispensing with a minimum of trouble. A little quinine is generally given during the course as a tonic, but no other form of mercury is administered.

The injection itself is a very simple operation, but certain rules have nevertheless to be observed in order to obviate any inconvenience which might otherwise result. An ordinary glass hypodermic syringe is used with a fine needle (the needle is apt to become very brittle from the action of the mercury on the steel, and requires to be replaced from time to time), containing twenty drops of the solution, equivalent to one-third of a grain of the perchloride. After filling the syringe, the needle is freed from adhering solutions by washing in order to avoid irritation in its track, and is then plunged deliberately into the muscular tissue of the buttock, selecting for this purpose the spot corresponding to the muscular mass of the glutei into the substance of which the injection is made. If this precaution be observed, no discomfort or abscess formation follows, the only solitary case in which this has occurred being attributable to the injection having been made into the areolar tissue over the trochanter. The pain of the injection is but slight and soon passes off. It is desirable that the patient should not take active exercise immediately after the injection, as it has been noticed that blood may be effused at the point of injection, giving rise to the sensation of a severe bruise of the part, which lasts for several days. The same effect has followed the puncture of a large vessel, but in any case the result is only transient, and disappears after the lapse of a few days. If for any reason the buttock be objected to as the site of the operation, the injection may be made into the trapezius muscle at a point two inches above the superior angle of the scapula, but the injection into the buttock is attended with less inconvenience.

Mr. Bloxam mentioned that his own opinions were strongly in favor of syphilis being bacillar in

origin, thus accounting for the specific action of mercury in the treatment of the disease. In support of this view, he alluded to the remarkable researches of Messrs. Eve and Lingard, whom he had furnished with blood and chancrous tissue from patients at the Lock Hospital, the subjects of syphilis.—*Therap. Gazette.*

DIAGNOSIS OF SCROTAL TUMORS.

In sarcocele of the testicle the tumor is usually hard and resistant, heavy, often nodular and irregular; painful; grows slowly; dull or flat on percussion. The inguinal canal is empty; no impulse on coughing; bowels unaffected; irreducible; no auscultatory sounds. Simple sarcocele is chronic orchitis. Both the epididymis and body of the gland are affected. The cord is usually thickened. Abscess of the organ may occur. It is caused usually by an injury, followed by inflammatory deposits.

Tubercular sarcocele is met with most frequently in early manhood, and may occur in any constitution; in the strong and robust as well as the weak and cachectic; and although often associated with tubercularization of other organs, it is common enough to find the tuberculous nidus in the epididymis, not as a sequence of gonorrhœal inflammation or some slight injury followed by inflammatory infiltration—as was formerly believed—but as a coincident. The progress is slow and insidious. The gland at first moderately enlarges with little or no pain, the hypertrophy being especially marked in the globus major. Presently the outline of the tumor becomes craggy or nodulated, and circles around the testicle from behind forwards in the form of a crescent. After several months, the adventitious tissue exceeds in size the testicle proper, and then it begins to soften at points and one or more abscesses burst and discharge a thin shreddy pus. The vas deferens is greatly enlarged.

In syphilitic sarcocele or gummata, the history of the patient guides us in the diagnosis. Also, we find that the body of the gland is usually the seat of the infiltration which takes place in the connective tissue between the tubuli seminiferi, the epididymis undergoing little if any enlargement. The cord and vas deferens are unaffected. There is little or no tenderness, and the peculiar sensation elicited by squeezing a healthy testicle is absent. The tunica albuginea is very greatly thickened. Hydrocele is a frequent complication and tapping is often required to establish a diagnosis.

Cystic tumors of the testis closely resemble hydrocele, and differ chiefly in being opaque instead of translucent. Aspiration should be practised before pronouncing positively upon their character.

Cancer of the testicle primarily invades the

body of the gland, and almost invariably assumes the encephaloid form. Most observers doubt the existence of other varieties of malignant disease in this organ. The development of the disease is rapid. The patient has a sensation of weight, pain and dragging in the testis, the scrotum becomes distended, reddish or purplish, and the superficial veins are seen to be enlarged. The skin adheres to the gland, ulceration occurs, fungus protrudes, the inguinal glands are secondarily involved, and the patient by this time presents the characteristic cancerous cachexy.—Dr. Steele, *Jour. Am. Med. Ass'n.*

CLASS-ROOM NOTES.

In subacute *pelvic peritonitis*, Prof. Parvin directed rest, iodide of potassium, blister to abdomen and persistent injections of hot water, if, after trial, they are found to be doing good.

Cocaine, in doses of gr. $\frac{1}{4}$ ter die, succeeded in controlling the *vomiting* of carcinoma of stomach after all other means had failed, in a case shown the class at Pennsylvania Hospital, by Dr. Meigs, recently.

"Never give opium or quinine to a person who has slight *aphasic symptoms*; it will tend to develop the disease."—Da Costa.

Injections of one per cent. solution of resorcin in *cystitis* have been found, by Prof. Bartholow, to be very beneficial, especially in those cases due to obstruction at the neck of the bladder by an enlarged prostate.

Besides the usual directions given as to diet, Prof. Da Costa prescribed the following, in *gastric ulcer*:—

R—Argenti oxidi gr. $\frac{1}{4}$
Ext. belladonnæ gr. $\frac{1}{4}$
Ft. Pilula. Sig.—Ter die.

In dressing a *fractured olecranon*, Prof. Brinton, instead of placing the arm in complete extension, as commonly taught, found that, by allowing a slight degree of flexion, you render the patient much more comfortable, give him greater ease, and do not materially interfere with the result desired.

A case of *purpura*, the patient a child about three years old, Prof. Da Costa treated as follows:

R—Ext. ergotæ fluid gtt. x.
Elixir simplicis,
Aquæ āā q.s.—M.
Sig.—Ter die.

Dr. Neff, at a recent clinic, formulated the following comparatively simple treatment for *acute pleurisy*. Strap the affected side of the chest firmly with adhesive strips, having previously used dry cups over the part: thus you procure rest. Give

pulvis ipecac. et opii, in gr. iv doses, every four hours, for quiet and sleep; if more opiate be required, use morphine hypodermically.

Dr. Rex, in a case of *chronic bronchitis*, prescribed, at Jefferson Medical College Hospital, the following:—

R—Ammon. chlorid. grs. x.
Vini ipecac. gtt. v.
Tinct. hyoscyam. gtt. x.
Syrup senegæ ℥ xlv.
Mist. glycyrr. comp., q.s. ad f 3 ij.—M.

Sig.—To be taken at first every two hours, but afterward reduce to three times daily.

—*Coll. and Clin. Rec.*

A CANNULA FOR TAPPING.

BY JOHN S. MILLER, M.D., PHILADELPHIA, PA.

The frequent occlusion of the cannula by intestine or omentum, in the operation of tapping, has suggested the device shown in the accompanying cut. The stoppage generally occurs when about a pint of fluid has been withdrawn, and various manoeuvres are resorted to—such as the endeavor to float away the obstruction by changing the patient's position, or the dangerous one of introducing a probe through the cannula—and generally without success.

The device to which reference has been made is a smaller and longer cannula, introduced into that already in position, in case there is a cessation of flow. It is blunt, and provided with two long fenestra. In the latter there are springs, which expand and push away the obstruction on emerging from the original cannula, and which are so solidly soldered as to offer no danger of breaking off in the abdominal cavity.

In reply to the query whether or not the gut can become incarcerated and wounded in the springs, it may be stated that in several operations no such accident has occurred, nor were efforts successful to bring such about upon the *recent* cadaver.

The instrument can be used with any trocar and cannula above calibre 16, French.—*Med. Rec.*

THE INVENTOR OF SACCHARINE.—A representative of the *American Analyst* called upon Dr. Con-

stantine Fahlberg, the inventor or discoverer of saccharine, the new coal tar sugar, and had a long talk with him about his new discovery.

"How did I discover saccharine?" he said. "Well, it was partly by accident and partly by study. I had worked a long time upon the compound radicals and substitution products of coal tar, and had made a number of scientific discoveries that are, so far as I know, of no commercial value. One evening I was so interested in my laboratory that I forgot about supper until quite late, and then rushed off for a meal without stopping to wash my hands. I sat down broke a piece of bread, and put it to my lips. It tasted unspeakably sweet. I did not ask why it was so, probably because I thought it was some cake or sweetmeat. I rinsed my mouth with water and dried my mustache with my napkin, when, to my surprise, the napkin tasted sweeter than the bread. Then I was puzzled. I again raised my goblet, and, as fortune would have it, applied my mouth where my fingers had touched it before. The water seemed syrup. It flashed upon me that I was the cause of the singular universal sweetness, and I accordingly tasted the end of my thumb, and found that it surpassed any confectionary I had ever eaten. I saw the whole thing at a glance. I had discovered or made some coal tar substance which out-sugared sugar. I dropped my dinner and ran back to the laboratory. There, in my excitement, I tasted the contents of every beaker and evaporating dish on the table. Luckily for me none contained any corrosive or poisonous liquid.

"One of them contained an impure solution of saccharine. On this I worked then for weeks and months until I had determined its chemical composition, its characteristics and reactions, and the best modes of making it scientifically and commercially.

"When I first published my researches, some people laughed as if it were a scientific joke, others, of a more sceptical turn, doubted the discovery and the discoverer, and still others proclaimed the work as being of no practical value.

"When the public first saw saccharine, however, everything changed. The entire press, European and American, described me and my sugar in a way that may have been edifying, but was simply amusing to me. And then came letters. My mail has run as high as sixty a day. People wanting samples of saccharine, my autograph, or my opinions on chemical problems, desiring to become my partner, to buy my discovery, to be my agent, to enter my laboratory, and the like.'

TREATMENT OF PAINFUL FISSURE OF THE ANUS.—J. T., a coachman, aged 56, had, for eighteen months, suffered such agonizing pain during defecation, that an enforced habit of constipation was established. From time to time he relieved



THE CANADA LANCET.

"THERE IS NO REMEDY KNOWN THAT CAN BE SUBSTITUTED FOR MALTINE, WITH EQUAL BENEFIT, IN CASES OF ANÆMIA AND NERVOUS PROSTRATION."—FOTHERGILL.

MALTINE

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"This preparation is free from the products of fermentation, such as alcohol and carbonic acid, and is very agreeable to the taste. Clinical experience enables us to recommend it as a nutritive and digestive agent, in virtue of its albuminoid constituents, and its richness in phosphates and diastase, likely to prove an important remedy in pulmonary affections, debility, many forms of indigestion, imperfect nutrition, and deficient lactation."

PREPARATIONS:

MALTINE—Plain.

" with Pepsin and Pancreatine.
" " Iron, Quinia and Strychnia.
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The curative effects of COD LIVER OIL have been so thoroughly established that no one can be found to dispute its healing properties in cases of Consumption, Asthma, Bronchitis, Rickets, Anæmia, Scrofulous and Wasting Diseases, Mental and Nervous Prostration, and all Diseases arising from Impoverished Blood and a weak state of the body.

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PUTTNER'S EMULSION is also much more effective than the pure oil, the globules of oil being so minutely divided, and being very materially assisted in its action by the addition of PANCREATINE and HYPOPHOSPHITES.

The Puttner Emulsion Company of Halifax, have a large number of testimonials from Physicians and others who have used this elegant preparation who all certify to its worth.

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FORMULA:—Its analysis shows that each fluid drachm contains 5 1-2 grains free Phosphoric Acid (P2O5), and nearly 4 grains Phosphate of Lime, Magnesia, Iron and Potash.

Among the numerous forms of Phosphorous in combination, Horsford's Acid Phosphate seems best adapted as a medicinal remedy, and it has been in use by the medical fraternity of the United States and elsewhere for several years, with the most satisfactory results, in

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Insomnia, Nervousness, Diminished Vitality, &c.**

Especially serviceable as a menstruum for the administration of such alkaloids as strychnia, morphia, quinia and other organic bases which are usually exhibited in acid combination.

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and with water and sugar a delicious beverage.

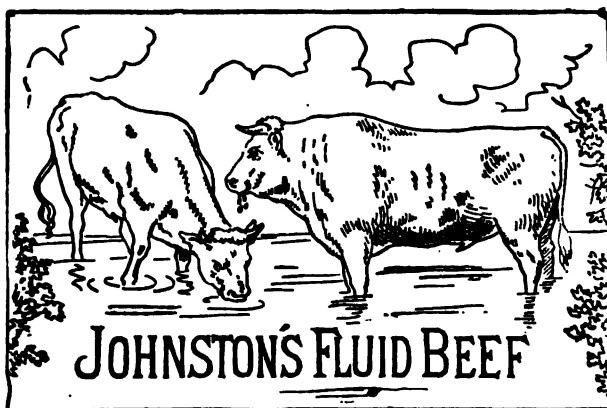
We have received a very large number of letters from physicians of the highest standing in all parts of the country, relating their experience with the Acid Phosphate, and speaking of it in high terms of commendation.

Physicians who have not used Horsford's Acid Phosphate, and who wish to test it, will be furnished a sample on application, without expense, except express charges.

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ANALYSIS.

By WM. HARKNESS, F.C.S., L., Analytical Chemist to the British Government.—“I have made a very careful chemical analysis and microscopical examination of Johnston's Fluid Beef, and find it to contain in every 100 parts.

Albumen and Gelatine	21.81	} Ash or Mineral Matter	14.57.
Fibrine in a readily soluble form	37.48		Flesh-forming Food.

The mineral matter is rich in phosphates. The microscopical Examination shows the Fluid to contain good sound beef, ground to a very fine powder. I consider this a most valuable preparation, combining, as it does, a concentrated extract of beef with the solid beef itself, the latter being in a form easily digested. It is also free from the burnt flavor so much objected to in ordinary extracts of meat. IT IS ONE OF THE MOST PERFECT FOODS I HAVE EVER EXAMINED.

By STEVENSON MACADAM, Ph. D., F.R.S.C., F.C.S., Lecturer on Chemistry—Analytical Laboratory, Surgeons' Hall, Edinburgh, 6th March, 1883.—“I have made a careful chemical analysis of a sample of Beef Powder, manufactured by J. L. Johnston, and find it contains as follows.

Albuminous or Flesh Matter	63.38	} Moisture	13.33.
Ash or Saline Matter	10.62		Oils and Fatty Matter . . . . .	12.77.

This is a highly nutritious article of diet, contains all the elements of Flesh Food in a concentrated form, is very palatable and easily digested, and is eminently suited for dietetic purposes, especially for invalids.

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Ammon. Chloride and Liquorice.
Ammon. Mur. 2 grs., Ext. Liquorice 8 grs.

Bismuth and Charcoal.
Bism. Sub-nit. 2 grs., Charcoal 5 grs.

Bronchial.
Oleo-res. Cubeb 1-5 gr., Tolu 1-5 gr., Ol. Sassafras 1-10 gr., Ext. Liquorice 7 grs.

Brown Mixture.
Ext. Liquorice 3 grs., Opium 1-20 gr., Acid Benzoic 1-20 gr., Camphor 1-20 gr., Tartar Emetic 1-40 gr., Ol. Anise 1-20 gr.

Coryza.
Oleo-res. Cubeb 1-5 gr., Tolu 1-5 gr., Ol. Sassafras 1-10 gr., Ext. Liquorice 7 grs.

Ginger, strong.
Tinct. Ginger 15 min.

Ginger and Soda Bicarb.
Tinct. Ginger 10 min., Soda Bicarb. 2 grs.

Peppermint (Mitcham Oil).
Oil Peppermint, Mitch. $\frac{1}{2}$ min.

Pepsin, Bismuth and Ginger.
Pepsin Sacch. 2 grs. Bism. Sub-nit. 3 grs., Ginger 1 gr.

Pepsin and Charcoal, with Magnesia and Ginger.
Pepsin Sacch. 2 grs., Charcoal 3 grs., Magnesia 2 grs., Ginger 1 gr.

Rhei, Ginger and Soda.
Rhei 2 grs., Ginger 1 gr., Soda Bicarb. 2 grs.

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BUT ONE QUALITY, AND THAT "THE BEST."

Our facilities for the production of our specialties are unequalled in extent and completeness by any other concern in the World. Our establishment represents an industry of which we are the founders, and which owes its universal recognition to our investigations and our efforts to bring these preparations up to Pharmacopoeial standards and the necessities of medical and surgical practice.

THE DIFFICULTIES IN THE WAY

of making India-Rubber Combinations conform to Pharmacopoeial standards have been employed by novices and quacks in the plaster business as an excuse and a cover for omitting the expensive medicinal ingredients upon which the efficiency and value of plasters solely depend. These difficulties were long since overcome by us, as they might be by any manufacturer of ordinary skill, and enough common honesty to forbid his making dishonest goods. The way to get at the facts and discover the Hypocrites and Frauds is by the analysis of competent chemists.

The status of the whole plaster business is well shown by the analysis of Belladonna Plasters, the leading article on the list of spread goods, made in March, 1886, by Prof. Albert E. Prescott, of the University of Michigan, Ann Arbor, from goods purchased by him in open market. The assays were made by the same process, in parallel operations, for the quantity of total belladonna alkaloids, estimated as atropine, with the following results:

BRAND OF PLASTER.	Per Cent. of Atropine in the Plaster Mass.	Quantity of Atropine in one Plaster (Avg.)
Seabury & Johnson	0.39	0.543 grains.
Grosvenor & Richards	0.17	0.264 "
T. W. Heinemann	0.15	0.230 "
Geo. E. Mitchell (Novelty Plaster Works) .	0.05	0.045 "
The Porous Plaster Co. of the Village of Sing Sing, Prop. of Allcock's Porous Plaster, (Star Brand)	0.06	0.062 "

The results of Dr. Prescott's analysis confirm those previously made by Prof. Doremus and Dr. Battershall, and lately by Mr. Wm. Rupp, F.C.S., at their laboratories in this city, and by S. W. Williams, at the laboratory of the College of Pharmacy. Our plasters may, therefore, be depended upon to afford the full and prompt therapeutic effect contemplated by the official formula and expected by physicians. That the same effect cannot be expected from the inert preparations put upon the market by other makers is fully proven by the analysis alluded to, and what is shown to be true of belladonna is equally true of all other goods on the list.

OUR READY-MADE MUSTARD PLASTERS

Are prepared from mustard of the purest and finest quality, and always give perfect satisfaction. They are so packed as to keep dry and retain their strength under all conditions, for an indefinite time; and on dipping them in water they are ready for immediate use. They are also cheaper than the home-made article. Spread on cotton cloth (or paper), in yard rolls, six inches wide, and in elegant tin boxes containing ten plasters. These plasters are in every way superior to all other makes, imported or domestic. The perfection of convenience and efficiency, wholly superseding the clumsy and disagreeable old-style mustard plasters.

DISCHARGED EMPLOYEES AS WOULD-BE COMPETITORS.

We are obliged to issue a word of caution to physicians and the trade, against parties who advertise themselves as manufacturers of plasters, and base their claims to confidence on the assertion that they have, at some time or other, been in the employ of Seabury & Johnson. This claim is usually made to convey the impression that the claimant was our "Superintendent," or occupied some position which made him master of the details of our business, and qualified him to operate works of this class. Thus far among those who have attempted to trade upon their past connection with us are a discharged night-watchman, a foreman of one of our departments, and a former engineer and general mechanic. Not one of these men possesses or can possess the slightest knowledge of pharmacy, and no man has ever left any department of our factory whose services it was worth while to retain. Nearly every merchant, especially if he be also a manufacturer of anything, has had experiences similar to our own, and in view of the facts stated, will readily understand, when offered goods claimed to be made after the formulae or by the process employed by us, that all such claims are spurious, and are made with fraudulent intent, and that the goods will in no way resemble our own, either in their composition or their durability. A fact of which further assurance can be obtained from a careful comparison of analysis of the two makes. We have taken legal steps to protect the trade and ourselves from the fraudulent pretensions of this class of pretenders, which is liable to be increased every time we discharge an employé.

SEABURY & JOHNSON,

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his bowels by enemata, first taking a large dose of laudanum to alleviate his sufferings. On examination with a speculum, I found a fissure, nearly an inch in length, with irregular edges and an indurated base. The sphincter was much hypertrophied, and contracted powerfully and spasmodically during the examination. I ordered a full dose of castor oil, with some rhubarb for its secondary astringent action, forbidding the customary laudanum. When this had operated, I had the bowel well washed out with an enema containing Condly's fluid. This done, I passed the speculum, and painted the fissure with a solution of chloride of zinc (twenty grains to one ounce); then introduced a piece of lint, smeared with boric ointment, the contraction of the sphincter keeping it in contact with the sore. The bowels were kept in check by pilula plumbi et opii. Liquid food only was allowed. The subsequent treatment consisted in the use of a powder (powdered boric acid, half a drachm; violet powder, one ounce), which was sprinkled freely on lint, and introduced into the anus to dry up any discharge, and the continued use of the boric ointment. By these means the fissure was entirely healed in six days, and there has been no return of the symptoms.

I have always found one application of chloride of zinc enough; it usually causes some smarting and uneasiness, but nothing more effectively purifies the ulcer or stimulates the reparative process. The introduction of cocaine robs the operative procedure of one drawback—the necessity of taking an anæsthetic; yet I may recommend a trial of this treatment, at least in the case of those who have an innate horror of anything approaching "cutting."—*Dr. Macgregor in Brit. Med. Jour.*

STIMULANTS AS RETARDING DIGESTION.—The extended consumption of one or the other of this class of substances points to the existence of some beneficial effect to be derived therefrom, although what this consists in it has been difficult to say, judging otherwise than subjectively. Sir William Roberts, of Manchester, has lately suggested an ingenious hypothesis, which offers a plausible explanation of their use. Man, in a state of nature, would derive his sustenance presumably from materials which, from their being raw, or at any rate imperfectly cooked, would be necessarily but slowly digested and assimilated. With civilized communities, on the contrary, everything is done with the view of facilitating digestion, by the removal of indigestible parts of the food, or by submitting them to processes which favor the action of the juices with which they are to be brought into contact. Under these circumstances, it is quite possible that digestion and assimilation may proceed at a speed not only unnecessary, but even disturbing, to the equilibrium of the organism, and provocative of waste. The employment of

alcohol, tea, coffee, etc., would tend to correct this undesirable acceleration of the assimilative processes; for Sir W. Roberts has proved, by a series of carefully conducted experiments, that their effect is powerfully to retard the action of the various digestive ferments on the foods; and it may be that the instinctive sense of the benefit thereby derived lies at the root of the yearning of all civilized nations for such substances. Again, some condiment, such as common salt, is added to restore sapidity to articles from which the salts have been removed in the process of cooking; and, taken in excess, it only throws extra work on the organs of excretion.—*Brit. Med. Jour.*

CROUPOUS TONSILLITIS VS. DIPHTHERIA.—In order to present more forcibly the points of contrast between this disease and true diphtheria, I have arranged them in the following form:

Croupous Tonsillitis.—1. Invasion abrupt. 2. Most marked general disturbance during the first two days; no tendency to asthenia. 3. Starts with a temperature of from 103° to 104.5°. 4. Pulse full and rapid. 5. Membrane of yellowish color; edges sharply defined; limited to tonsils; does not bleed when detached; superficial; not very adherent; no tendency to reform after removal; appears early; does not spread. 6. Albuminuria rarely if ever present. 7. Reaches its height by the second day; by the fourth, the patient is generally convalescing. 8. Paralysis never follows as a sequela. 9. It is doubtful if it is ever contagious.

Diphtheria.—1. Much more often it is insidious. 2. Generally not much general disturbance before the third day, but after that marked tendency to asthenia. 3. Rarely high in the beginning, 100° to 101°, gradually rising till the fourth or fifth day. 4. When pulse rapid, it is feeble. 5. Color gray, sometimes greenish; shades off gradually; on uvula, soft palate, and pharynx, as well as the tonsils; bleeds readily, even without being detached; infiltrates the deeper tissues; adherent; strong tendency to reform after removal; may not be seen the first or even second day; spreads steadily. 6. Albuminuria rarely absent. 7. Most commonly does not reach its height before the fourth day. 8. Paralytic sequelæ quite common. 9. Frequently spreads by contagion.—*Dr. Holt, in New Jersey Med. Jour.*

THE USE OF ICE-WATER ENEMATA IN THE TREATMENT OF DIARRHŒA.—This means of treatment has frequently been adopted in cases of collapse occurring during the diarrhœa of young children at the Birmingham General Hospital. In cases outside of hospital practice, I have found this method not generally known. Being convinced of its utility, I am tempted to record my experience.

Ice should be dissolved in water, and from two

to three ounces injected. The immediate effect is commonly a quiet sleep and improvement in the collapsed condition. Subsequently the effect upon the diarrhoea is also good, and it will rarely be found necessary to repeat the enema. Internal treatment may often have to be continued, but I have no doubt that the life of many a collapsed child has been saved in this way. No reference is to be found in Ringer's Therapeutics to this method of treatment, but doubtless it is known to many of the older practitioners, though its disuse has led to its being unknown to the younger members of the profession. It appears probable that it acts by an astringent effect on the loaded vessels of the intestines, and so at the same time warming the exterior of the body, and diminishing the materials for the intestinal flux.

It has sometimes been found expedient to give a few drops of brandy about the time of injection; but in my experience, no depression or bad effects have resulted.—*Brit. Med. Jour.*

MILK BOILED AND UNBOILED.—Dr. M. Reichmann, in *Deutsche Medical Zeitung*, draws the following conclusions from a number of elaborate experiments as to the digestibility of milk in the human stomach:

1. Boiled milk leaves the healthy stomach more rapidly than an equal quantity of unboiled milk.
2. The digestion of boiled milk is more rapidly accomplished than that of unboiled milk.
3. The coagulation of unboiled milk in the stomach is complete in five minutes.
4. The coagulation is not caused by the acid of the gastric juice, but by the influence of a special ferment (milk-curdling ferment).
5. The acidity of the gastric juice is at first due almost solely to lactic acid, and, later in the process of digestion, to the presence of hydrochloric acid.
6. Hydrochloric acid first appears in perceptible amount forty-five minutes after the ingestion of half a pint of milk.
7. For the first hour and a quarter after the ingestion of milk, the acidity gradually increases, and then decreases until the milk has entirely left the stomach.
8. The curds in case of digestion of boiled milk are much softer than in the case of uncooked milk.

HEADACHES IN DIAGNOSIS.—1. When pain is located between the ears at the occiput, below the lambdoidal suture. The gastrodigestive apparatus, the automatic centres of life, and the sexual organs will be the seat of disturbance. 2. When pain is located in the region of the parietal bone, from the coronal to the lambdoidal suture, and from the squamous suture to the superior outline of the parietal eminence. The duodenum and small intestines will be the seats of disturbance. 3. When pain is located in the forehead, from the coronal suture to the superciliary ridges below, and within the temporal ridges on either side.

The large intestines will be the seat of disturbance. 4. When pain is located below the superciliary ridges including upper eyelids, to the external angular processes on either side. The nasal passages and buccal cavity will be the seats of disturbance. 5. When pain is located in the temporal fossa, from the squamous suture to the zygoma below, and from the temporal ridge to the mastoid process. The brain and its meninges will be the seats of disturbance. 6. When pain is located at the vertex, from the coronal suture and two inches posterior to it in the median line, and two inches on either side of that extent. In the female, the uterus; and in the male, the bladder, will be the seat of disturbance.—*Medical World.*

ARSENIC IN THE TREATMENT OF ARTHRITIS DEFORMANS.—Two cases of arthritis deformans in which the symptoms were remarkably controlled during the exhibition of Fowler's Solution are described by Dr. Karl von Ruck. Both occurred in female subjects, the disease being in the one case strongly marked, in the other case attended by but moderate deformities of the fingers. Four minims of Liquor Arsenicalis were given after each meal; and the treatment was persevered in for months, with visible benefit. The writer calls attention to the etiological factor in arthritis deformans, especially in some cases, which supports the theory of a central cause situated in the nervous system. The development of the disease after nursing a dear relative until the fatal termination of a tedious illness, with the attendant anxiety and grief, the symmetrical development and progress of the disease, and the trophic disturbances, all point, in his opinion, in this direction. He believes this theory to be further confirmed by the results obtained from arsenic, which, he holds, always produces its therapeutic effects by its action upon the nerves and nerve centres.—*Therap. Gaz.*

A SOLVENT FOR SORDES.—Dr. A. D. MacGregor speaks highly of boric acid as a topical application in the unhealthy condition in which we frequently find the mouth, tongue, and teeth in severe cases of typhoid fever. He says, in the *British Medical Journal*: The mouth is hot; the lips dry, cracked, and glued to the sordes-covered teeth by inspissated mucus and saliva; the tongue dry, or even glazed or hard, brown or black, crusted with a fetid fur. Under these circumstances a pigment containing boric acid (30 grains), chlorate of potassium (20 grains), lemon-juice (5 fluidrachms), and glycerine (three fluidrachms), yields very comforting results. When the teeth are well rubbed with this, the sordes quickly and easily become detached; little harm will follow from the acid present. The boric acid attacks the masses of bacilli and bacteria, the chlorate of potassium cools and soothes the mucus membrane, the glycerine

and lemon-juice moisten the parts and aid the salivary secretion.—*Med. Rec.*

THE UTERINE APPENDAGES AGAIN.—The following appeared in *The Med. Press and Circular*: "A certain operator proposed to remove the 'uterine appendages' from a patient under his care, and he asked a gentleman present if he would like to examine the patient, saying she had been suffering for years with an acute pain, that life was a burden, etc. The gentleman, struck by the full, round, rosy cheeks and red lips of the woman, first asked her how she slept at night. 'Oh, very well, thank you,' was the reply. 'You have no pain at night, then?' was the next question. 'Oh, no,' she answered. 'Have you pain all day long?' continued the questioner. 'Not all the day through,' she replied. 'Have you pain every day?' he went on. 'No, not every day,' was the answer. 'How often does the pain come on, then?' the gentleman continued. 'Oh, three or four days a month,' was the innocent reply, much to the amazement of the questioner. The would-be operator was heard to mutter something about 'getting any answer you like,' but it will be satisfactory to learn that the patient saved her ovaries on that occasion, at least.

URINE IN CHILDREN'S DISEASES.—Dr. Alexander J. Eckert (*Vratch*; *Lond. Med. Rec.* Oct.), of St. Petersburg, states that she has made 1,500 analyses of urine in 104 children suffering from various diseases. Her conclusions are as follows: 1. All affections considerably disturbing nutrition of the child's system, and running their course in association with a high febrile state, give rise to albuminuria in an overwhelming majority of cases. 2. The characteristics of albuminuria are usually dependent upon the intensity of the morbid process, and the duration of the febrile period. 3. As a rule albumen rapidly disappears after abatement or cessation of fever. 4. Non-febrile affections, as well as those accompanied only by slight fleeting febrile movements, seldom give rise to albuminuria of any considerable degree; and when they cause albuminuria, it occurs only as a phenomenon of very short duration.

A REMARKABLE MOTHER.—A Boston physician was called out of a sound slumber the other night to answer the telephone. "Hello! what is it?" he asked, little pleased at the idea of leaving his comfortable bed. "Baby is crying, doctor, what shall I do?" came across the wire. "Oh! perhaps it's a pin," suggested the doctor, recognizing the voice of a young mother, one of his patients. "No," was the reply, "I'm sure it can't be that." "Perhaps he has the colic," returned the doctor, with well-simulated solicitude. "No, I don't

think so," replied the anxious mother, "he doesn't act that way." "Well, then, perhaps he is hungry," said the doctor, as a last resort. "Oh! I'll see," came across the wire; and then all was still. The doctor went back to bed and was soon asleep again. About half an hour afterwards he was again awakened by the violent ringing of the telephone bell. Jumping out of bed and placing the receiver to his ear, he was cheered by the following message: "You are right, doctor; baby was hungry."—*Chicago Living Church.*

HYDRASTIS CANADENSIS IN THE TREATMENT OF UTERINE CONGESTIONS, MENORRHAGIA, AND METRORRHAGIA.—J. Chéron (*La France Médicale*) writes enthusiastically with regard to the use of hydrastis in uterine disorders accompanied by congestions or hemorrhages. The dose is usually from fifteen to twenty drops of the tincture, given three or four times a day. A good formula is the following:

R—Tincturæ hydrastis,	. . . . .	iv.	grs.
Elixir,	. . . . .	xx.	grs.
Syrup,	. . . . .	xxx.	grs.
Aquæ destillatæ,	. . . . .	cxv.	grs. M.

To be taken in eight doses in the course of two days. Or berberine phosphate or hydrastin hydrochlorate may be given in doses of two centigrammes; four pills a day, one at each time. Hydrastin may be given in ten-centigramme doses, in pill, several times daily. This medicament, so very useful in the cases just mentioned, is also a remarkable modifier of atonic dyspepsias and catarrh of the stomach, which is not to be despised when we contrast this action with that which is exerted upon the alimentary canal by the ergot of rye.

SUBNITRATE OF BISMUTH AS A DRESSING.—1. Subnitrate of bismuth possesses antiseptic properties at least equal to those of iodoform. 2. No poisonous effects are to be apprehended as in the employment of iodoform. 3. The subnitrate of bismuth being a chemically indifferent substance, does not irritate the wounds; secretion is diminished. 4. Its action is very prolonged, though not vigorous, so that the dressings do not require to be frequently changed, and rest is insured for the wounds. 5. There is no action at a distance, nor does any specific effect attach to it. 6. It does not afford protection against erysipelas and other wound diseases, at least no more than iodoform. 7. It is no disinfectant, but as an antiseptic it keeps the wounds pure. 8. All wounds capable of healing by first intention can do so when dressed with bismuth. 9. It also represents an excellent material for forming scabs under which epidermis can grow over the wound. Its use on granulating wounds has not, however, been sufficiently studied as yet.—*Annals of Surgery.*

DIPHTHERIA OF THE VAGINA.—Surgeon Jas. B. Glibborn, R.N. — Mrs. T., when attending her child, who was suffering from diphtheria, was scratched by him on her right wrist. Some days after a few isolated, inflamed vesicles appeared on the wrist, which implicated the glands at the bend of the elbow and axilla. There was no pyrexia, and the throat was not affected. The wrist soon healed under treatment, and the inflammation in the glands subsided, when a fresh crop of vesicles appeared around the nipples of both breasts; there was still no rise in temperature, and the patient complained of little inconvenience beyond weakness and general malaise. The latter crop of vesicles went away as rapidly as those on the wrist, but the patient complained of weakness, daily increasing; she also stated that there was a fetid discharge from the vagina. On making a vaginal examination the mucous membrane was found to be greatly inflamed, discharging pus and covered in parts with well-developed shreds of false membrane. The constitutional symptoms now rapidly developed, asthenia increased, and the patient suffered at times from delirium and delusions, and had one well-marked epileptiform convulsion. The urine contained a small quantity of albumen. The highest temperature taken only indicated 99.4°; the throat at no time presenting an inflamed appearance. The inflammation in the vagina daily increased, large shreds of false membrane, almost forming complete casts of the vagina, were discharged; asthenia was great; the pulse small and compressible; the pupils were frequently irregular, and responded feebly to light. About this period of the disease the patient (who was five months pregnant) was attacked with well marked labor pains, occurring at regular intervals. As it was considered that, should a miscarriage take place, the disease would extend to the uterus, with a probably fatal issue, very large doses of opium were given with a view of stopping the uterine contractions, which had the desired result after the patient had taken about five grains. Under treatment the discharge from the vagina became less and the development of false membrane decreased till about 10 days after its first appearance, when it had entirely disappeared. Convalescence rapidly took place, and she was subsequently delivered, of a living child with no bad results. *Treatment.*—Carbolic acid combined with quinine was given internally every three hours (each dose containing one minim carbolic acid, 10 minims glycerine, and one drachm tincture of quinine, in an ounce of water), the urine being carefully watched during its administration. Iodoform was applied locally with vaseline (a drachm to the ounce). When the vagina became affected, it was frequently washed out with a solution of permanganate of potash. Strips of lint soaked in iodoform and vaseline were introduced into the vagina and changed every

few hours. Stimulants and strong liquid food were given in large quantities when the asthenia was great.—*Lancet*,

SORE NIPPLES.—Dr. Wilson, of Glasgow, recommends the following for sore nipples:

R. Plumb. nitrat. gr-xx.
Glycerini 3j.

M. Apply after suckling, the nipples being washed before the child is again put to the breast.

Dr. Playfair recommends:

R. Sulphurous acid ½ oz.
Glycerin of tannin ½ oz.
Water 1 oz.

M. Apply after suckling.

Dr. Barnes recommends:

R. Liquor plumbi 1 dr.
Prepared calamine powder . 1 dr.
Glycerini 1 dr.
M. Vaseline 7 dr.

Qr. Comp. Med. Sci.

SOLIDIFIED LINIMENTS.—Any one who has had to apply a liquid liniment to the chest, or any other part of the body in an upright position, will have experienced the difficulty in keeping the liniment in the palm of the hand until it is fairly brought in contact with the affected part. It is a matter of surprise that in the last edition of the *Pharmacopœia* liniments are retained in their liquid form. There is no difficulty in solidifying most liniments by the addition of some gelatinizing material, so as to enable them to be smeared over the affected part with some approach to definiteness of quantity and to the great convenience of the patient. Solidified liniments are not only more convenient of application, but are far more easy of transport.—*Lancet*.

REMOVAL OF SUPERFLUOUS HAIRS BY ELECTROLYSIS.—Mr. Startin gives (*Lancet*) the following as his method in the above operation—The application of the needle electrode cannot be made without more or less pain varying much in different patients, no matter how the sponge electrode is applied. I then, after a prick or two of the needle electrode, brush over the part a 5 per cent. solution of hydrochlorate of cocaine, with good result, almost invariably deadening the pain. In one or two instances I have had an anæsthetic administered, but I find this is seldom necessary, as the pain is slight. The operation can now be proceeded with. The negative needle electrode is plunged into the root of the hair for about one-sixteenth of an inch, and the positive electrode sponge is applied in the immediate neighbourhood. The needle should be kept in for about the space of five seconds, then the sponge electrode should

be removed and afterwards the needle electrode. To know that the operation is effectual the needle should produce slight frothing of the tissues. The hair destroyed can now be easily epilated with an ordinary pair of dressing forceps, and it should come out without the slightest adhesion. This operation applies more especially to hairs that are noticeable to the naked eye. Fine downy hairs can always be destroyed by the application of a properly made depilatory. A slight inflammation of temporary character occurs for an hour or two after the operation in the destroyed follicle; this can be controlled by the use of a soothing lotion. The operation, if carefully done with a battery in good working order, is invariably successful, especially if the hairs are few and of good size—from a quarter to half an inch long. If many hairs have to be removed, then several sittings will be required at intervals of about ten days. A hundred hairs can be removed at a sitting.

RHUBARB FOR THREAD-WORMS IN CHILDREN.—

A practical note on this subject is made in *The Practitioner*, by Sidney Martin, M.D., M.R.C.P., London. 'All physicians recognize that the complete cure of thread-worms in children is often very difficult. While the ordinary methods used, such as rectal injections of salt and water, infusion of quassia, and other remedies, do good for a time, yet they often fail to relieve the attendant symptoms of "worms"—symptoms usually very irregular, and in some cases severe, in character. In many cases, though the irritation about the anus is relieved by injections, the irregularity of the bowels, and the disturbance of sleep, remain the same. This is probably due to the fact that the habitat of the worms is higher up in the large intestine, where no remedy introduced by the rectum can reach them. In many cases Dr. Martin has found that rhubarb in small doses brings away large numbers of worms, and at the same time regulates the bowels; so that the use of injections may, in most cases, be dispensed with. The formula which he has found most useful is as follows, varying slightly with the age of the child:

R. Tincturæ rhei m 4ij
Magnesii carbonatis gr. iij
Tincturæ zingiberis m j
Aquam ad 3 j—Misce.

This is to be taken twice or three times daily, according to the effect on the bowels. Whether the rhubarb acts as a vermicide, or simply by "moving the worms on," he is unable to say.—*Virginia Med. Monthly*.

ARSENIC IN HÆMORRHAGIC MALARIAL FEVER.
—In the October number of the *Alabama Medical and Surgical Journal*—Dr. Benj. H. Riggs, of Selma, Ala., states that in his town there have recently been "quite a number" of cases of

hæmorrhagic malarial fever, and nearly all recovered. He refers to three cases which came under his observation—all white—which recovered *without any quinine whatever*; the main reliance was *arsenious acid*. He believes that arsenic arrests this blood-destroying process better than any other agent we have. In all of his cases, the hæmorrhage disappeared within twelve hours after beginning with arsenious acid, but the fever continued for some days in two of the cases, who were treated with an alkaline fever mixture and morphine hypodermically. The following is the formula he usually prescribes:

R. Acid arseniosi gr. ½.
Piperinæ gr. ij.
Pulv. Doveri gr. x.
Extract. hyoscyami gr. v.

Mix. Make five capsules.—Sig. One every three hours, according to age and other circumstances.

Of course, be careful to prevent arsenical poisoning.

THE ADMINISTRATION OF COD-LIVER OIL.—Dr. W. Washburn, of New York City, writes that he has long been in the habit of administering cod-liver oil in milk to both infants and adults. Milk is taken in the mouth and held there, and the spoon is first dipped in milk and then the oil is poured into it. Just as the oil is taken into the mouth the milk should be swallowed, and then another sip of milk taken. Children, if interrupted in nursing, readily swallow a teaspoonful of oil, and then proceed with nursing as if nothing had happened. The oily nature of the milk seems completely to shield the mucous membrane of the mouth and throat from contact with the cod-liver oil.—*Medical Record*.

A NEW DISINFECTING COMPOUND for purifying the atmosphere of the sick-room has just been presented to the Berlin Medical Society. Oils of rosemary, lavender, and thyme, in the proportion of 10, 2½, and 2½ parts respectively, are mixed with nitric acid in the proportion of 30 to 1½. The bottle should be shaken before using, and a sponge saturated with the compound and left to diffuse by evaporation. Simple as it is, the vapor of this compound is said to possess extraordinary properties in controlling the odors and effluvia of offensive and infectious disorders.—*Med. News*.

THE St. Louis Medical and Surgical Journal says that for bruises there is nothing to compare with the tincture or a strong infusion of *capsicum annuum* mixed with an equal bulk of mucilage of gum arabic, and with the addition of a few drops of glycerine. This should be painted all over the bruised surface with a camel's hair pencil and allowed to dry on, a second or third coating being

applied as soon as the first is dry. If done immediately after the injury is inflicted this treatment will almost invariably prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatic, sore or stiff neck. *—Lancet.*

CAUSATION OF PNEUMONIA.—Henry B. Baker, M.D., at a meeting of the Michigan State Board of Health, gives the result of his observations in regard to the causation of pneumonia. He finds that the percentage of cases gradually increases as the temperature lowers, this he attributes, not so much to the lower temperature, as to the fact that air at low temperatures contains less moisture. Thus a cubic foot of air saturated with the vapor of water at 0° F. contains half a Troy gr., at 70° eight, and at 98°, 18.69 gr. Dry air would thus constantly take up an extra amount of moisture from the lungs, and an increased quantity of fluids must pass from the blood into the air-cells and air-passages in order to keep them in the normal moist condition, and as these fluids contain salts, such as chloride of sodium, which would not pass off with the expired air, it follows that the chloride of sodium will remain in the lungs and may prove a source of irritation. The writer points out that chloride of sodium disappears from the urine during pneumonia, and has been found by Beale in his analyses of the lungs and sputa of pneumonic patients. He thinks the exudation of the albuminous constituents of the blood-serum is favored by the presence of chloride of sodium on the principle of exosmosis; since, if a mixed solution of albumen and salt be placed in a dialyzing apparatus, the salt alone at first passes out leaving the albumen; but after the exterior liquid has become perceptibly saline, the albumen also begins to pass in appreciable quantity.

THE INFLUENCE OF FOREBODINGS IN DISEASE.—In the *Asclepiad*, January, 1886, Dr. B. W. Richardson, states that there are two kinds of forebodings—the fanciful and serious. False forebodings are presented by the persons fanciful and flighty natures, who are really fond of contemplating risks, and who suggest anxiety one minute, and laugh at them a few minutes afterwards. These forebodings have no serious importance. True or serious forebodings emanate from persons who are firm and thoughtful, who as a rule keep to themselves what is on their minds until something like a crisis has been reached, when they come to a conclusion to which they adhere, by which they are much influenced. These forebodings are a critical disease and are bad, they have a direct effect on the physical powers; the heart's action is impaired, the digestion becomes affected, and there is a want of tone very much opposed to the restorative efforts. A wise plan is to take as little notice of these forebodings as possible, but to ridicule them is bad.

OTORRHOEA.—Dr. Brunetti of Venice, gives the case of a physician, aged forty years, who had suffered for thirty-five years from offensive otorrhoea. Tympanum was absent on both sides. The ossicles were present on both sides; on the left they were incompletely ankylosed. The auditory passage and middle ear were cleansed and iodoform and spirits vini recti employed; in two days the stench disappeared. For eleven days five-tenths per cent. solution sulphate zinc was used, then the iodoform again. In a month the vegetations in the tympanic cavity had disappeared; and patient was discharged with his hearing much improved.—*Med. Press.*

IODOL IN EAR DISEASES.—Dr. Stretter, who has used iodol, the new inodorous substitute for iodoform, in a large number of cases of ear disease, finds that in acute purulent inflammatory affections iodol applications rapidly produce marked benefit, but that in chronic inflammations of the middle ear it is generally quite useless, or at best no better than other more common methods of treatment.—*Lancet.*

PROF. ANTONIO CECI, of Genoa, has recently extirpated the spleen successfully. The patient was a servant girl, seventeen years of age. The spleen was enlarged to such an extent that it constituted one-fifteenth the entire weight of the body. This is the seventh splenectomy performed in Italy, and is the second successful case.—*Med. Herald.*

TREATMENT OF OZENA.—Dr. Malacrida, after cleansing the nostrils with a solution of chloride of sodium and drying the mucous membrane with pledgets of absorbent cotton, introduces a bit of cotton moistened with a few drops of the essential oil of turpentine. In a number of cases in which this method was employed, the disagreeable odor was almost immediately destroyed, and a permanent cure was obtained in less than a month.—*Med. Herald.*

CHARCOAL AND CAMPHOR IN CHRONIC ULCER.—A mixture of equal parts of camphor and animal charcoal is recommended by Barbocci as an application to prevent the offensive odor and remove the pain of old excavated ulcers. The camphor acts as a disinfectant, and the charcoal absorbs and destroys the offensive odors.—*British Medical Journal.*

SIR THOMAS WATSON AND SIR JAMES PAGET.—At the recent banquet of the British Medical Benevolent Fund, Dr. Broadbent, in proposing the health of the Chairman, Sir James Paget, applied to him the words Sir James himself had used of Sir Thomas Watson: "His knowledge was so vast, his goodness so great, and his example so elevating, that we all wished he might spend part of his immortality on earth."

PSOAS ABSCESS; WHEN AND HOW TO OPEN IT.—At a recent meeting of the British Medical Association, Mr. Edmund Owen read a paper on the above subject. Mr. Owen said there was no disease the treatment of which had derived a greater impetus from the introduction of antiseptics than psoas abscess. By antiseptics he did not mean the use of the spray. The spray was now cooling down in more senses than one, and the surgeon did not now have to look through a cloud of carbolic vapor at his patient. By the use of antiseptics, he meant antiseptics as used by the great masters in surgery, whether by Tait, Gamgee, Savory, or Lister. Twenty years ago every surgeon preferred to leave a psoas abscess alone, so long as it remained unopened. Stanley, writing forty years ago, said a psoas abscess might disappear. Could it? Mr. Owen said that in an extensive out-patient experience, extending over years, he had only seen one case in which, after a fusiform tumor had been detected ascending along the iliac fossa, he had seen it disappear. Aspiration was useless, for it refilled. When evacuation of the abscess was performed, it should be done thoroughly, and no useless temporizing measures made use of. During delay the pus would be hurrowing out for itself an extensive ramifying cavity. A free anterior and posterior opening should be made, and the wound thoroughly drained. The sac should be washed out with a warm antiseptic lotion, and a drainage tube the size of a cedar pencil passed through. The wound should be covered with sublimate gauze, then some oakum placed over it and the dressings changed as seldom as possible. He had employed as the antiseptic lotion a warm solution of corrosive sublimate (1 in 1,000). He should, however, in future, discard the use of the sublimate, as he had had a case which died in four hours with black urine, due, he believed, to the absorption of the sublimate. Mr. Owen, in concluding, summed up his conclusions as follows:

1. Spontaneous absorption of psoas abscess is impracticable. Sooner or later it must be evacuated, either by nature or art, and the advantage is on the side of art.
2. The sac should be opened both in front and at the back, and irrigated. For a small abscess a single opening at the back might suffice.
3. Antiseptics should be employed.
4. The operator should bear in mind that pus might collect on the opposite side after evacuation of the abscess. If any rise of temperature take place, a second abscess should be suspected, and, if found, evacuated at once. Bilateral abscesses should be attacked simultaneously, as their cavities frequently communicate. In reply to a query from a member as to the source of his method, Mr. Owen replied that it was neither English, French, nor Italian, but Welsh, thereby signifying

that the idea was his own, and that he had not borrowed it from any one.—*Medical Record*.

NIGHT PALSY.—Dr. W. E. Stevenson ("Practitioner"), contributes a short article on a special form of numbness of the extremities occurring, for the most part, during the night, and to which Weir Mitchell has given the name of night palsy. Dr. Ormerod's description is quoted as follows: "The symptoms are remarkably definite in character. They occur in women, usually about the climacteric period, and begin in the night. On waking, the patient has a feeling in the hands and arms (commonly on both sides) of numbness, deadness, pins-and-needles; sometimes there is actual pain, severe enough to wake her. There is also loss of power, the hands and arms become useless, and she cannot hold things. This may so far predominate that the patient comes to be treated for a supposed paralysis. Sometimes also the patients say that the hands swell, the veins swell, etc., at the time. The symptoms pass off in a little time, and rubbing suggests itself as a natural remedy. But occasionally they manifest themselves in the day time also, and then principally when the patient sets about her ordinary work—washing, scrubbing, needlework, etc." The author has had several cases of the affection, and his observations agree, in the main, with the foregoing description. Though mostly seen in women at or near the climacteric age, it is occasionally met with in men, in whom it is likely to be more severe and obstinate. Some attribute it to anæmia, others to gastric disturbances. All of the author's patients recovered with rest, bromide of potassium, and galvanism.—*N. Y. Med. Jour.*

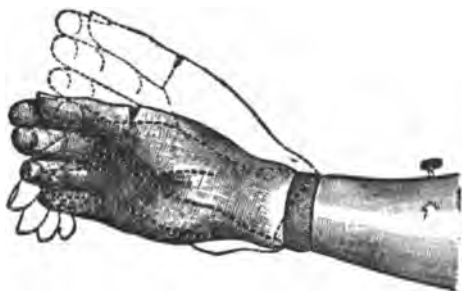
CORRELATION OF TONSILS AND GENITALS.—It has long been held by certain writers that the tonsils and genitals are in some way correlated. An opinion prevails that wasting of the testes may follow excision of these organs. At a recent meeting of the Hunterian Society, of London, Mr. Pierce Gould presented a man aged twenty-seven with genital absence of the tonsils, in whom the genitals were imperfectly developed and sexual desire absent. The man had a feminine appearance, and had neither beard nor moustache. The tonsils were represented by two small nodules between the pillars of the fauces. Mr. Gould held that there was no evidence for the popular belief in England that excision of the tonsils before puberty influenced virility, and he referred to a practice in Zanzibar of removing the tonsils from all male infants, which seems, in that country at any rate, to be without influence on the development of the testicles. It would be interesting to know of any genuine cases of failure of development of the sexual organs in persons who had been subjected to tonsillotomy. The tonsils were found normal

in two women in whom the ovaries were congenitally absent. It was the general opinion of those who took part in the discussion on Mr. Gould's case, that a relationship between the two organs had not been established.

Tonsillitis occurs with special frequency in adolescents, and in a recent Aberdeen thesis on this subject by Haig Brown, the author refers, without details, however, to the occasional atrophy of one testicle after removal of the corresponding tonsil.

An interesting point bearing on this question is the frequency with which acute tonsillitis occurs in newly married people. We have known the honeymoon interrupted in several instances by this painful affection, to which also Shepherd, of Montreal, has called attention, suggesting that it bears out the old idea of the intimate association of the tonsils with the genitals.—*Med. News.*

ARTIFICIAL HAND.—The accompanying cut represents an artificial arm with ball-and-socket wrist-joint, recently invented and manufactured by Geo. R. Fuller, successor to the late Dr. Bly, of Rochester, N.Y.



The improvement admits of placing the artificial hand in any position that can be attained with the natural hand, and is an important advance in the progress of prosthesis.

NEW OPERATION FOR FISTULA IN ANO.—Dr. Jos. M. Matthews, in *Progress*, advocates dilatation with laminaria tents of the fistulous tract, and subsequent bi-lateral division of its pyogenic membrane with Otis's improved urethratome. He claims to have had good results. In fact he succeeded in curing such cases by this operation where the other means had failed.

SPEEDY CURE FOR GONORRHOEA.—Dr. Chas. C. Edson, *Chicago Medical Times*:—In reply to your question column I will give my three-day cure for gonorrhoea. R. Oil sandal wood; fl. ex. quillea sapo, aa 3 iv. M. and shake. Add glycerine; aqua cinnamon, aa 3 iij. M. Sig.—Teaspoonful four times a day.

R. Morphia sulph., gr. iii; muriate berberina,

gr. x; zinci sulphas, gr. viii; bismuth sub. nit., 3 iv; aqua rosa, 3 iv. M. Sig.—inject a small amount after each micturition. Keep the glans penis well covered with cloth so as to prevent the discharge from soiling the linen. This is a very necessary precaution for a speedy cure, as matter upon the clothing reinoculates and continues the disease indefinitely.

NITRATE OF SILVER STAIN.—Dip the fingers into a strong solution of cupric chloride. In about a minute the silver will be converted into chloride, and may then be washed off with hyposulphite of soda solution.—*Chemist and Druggist.*

NAEVUS.—Dr. W. J. Beatty (*British Medical Journal*) has cured eight cases of naevus, perfectly and painlessly, by painting the affected spot night and morning with liquor arsenicalis until ulceration took place. A cure is effected in from three to five weeks.

For acute rhinitis in its incipient stages, of all the remedies tried by Dr. Sajous, the following has given the best results. In the doctor's words, "It acts like magic":

R. Morphinae acetat. . . . gr. iv..
Bismuthi subnit. . . .
Pulv. talc. . . . aa 3 j. M.

Fiant chartæ, xxx.

Sig.—Use as a snuff.

Dr. Sajous states that this will check a very bad cold, or coryza, sometimes with only one sniff of the powder.—*Med. Summary.*

CHILDREN are being subjected to rather heroic treatment in some sections this summer, if the advice of some of the writers in the medical journals is being followed. One of these, for instance, advises that: "if the baby does not thrive on fresh milk it should be boiled." Another, in an article on nursing bottles, says: "When the baby is done sucking it should be unscrewed and hung up."—*Med. Age.*

CITRIC ACID VS. NEOPLASMS.—Because of its destructive action upon morbid cells and indifference to healthy normal cells, this acid has been employed topically to destroy new growths till healthy tissue was reached, or has been injected at the edge of new growth to limit their growth previous to operation. It has also been douched over the wound after operation as a prophylactic measure.

MUST BE THE RIGHT PLACE.—Tramp.—"Is this a lying-in hospital, mister?"

Janitor.—"Yes, this is a lying-in hospital."

Tramp.—"Then I guess its the right place for me, for I've been lying out these three nights."—*Med. and Surg. Reporter.*

THE CANADA LANCET.

**A Monthly Journal of Medical and Surgical Science
Criticism and News.**

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet, Toronto."

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*The LANCET has the largest circulation of any
Medical Journal in Canada.*

DIPHTHERIA.

The prevalence of this dreaded disease during the latter months of 1886 demands attention. Although nothing new has recently been recorded concerning it, yet were each physician to relate his experience, his method of treatment, and his percentage of success or failure, some advance might be made, not only in treatment, but in our knowledge of its etiology and prevention. Science has not yet furnished us a specific remedy, although many agents have been tried, and various methods adopted, which have been more or less successful in restraining its ravages, since Bretonneau, in 1826, first drew special attention to it, and named it Diphtheria. Not that it was unknown prior to his celebrated treatise, for it can be traced back, under various cognomens, to the time of Homer. Macrobius speaks of a virulent epidemic in Rome, A.D. 340. Aretius describes it, under the name of Egyptian or Syriac ulcer. Numerous epidemics are recorded, to which space forbids reference. Briefly, it has prevailed more or less from time immemorial, occasionally becoming so virulent, that it was denominated "the plague," and swept off thousands in various localities. We purpose making a very brief synopsis of what is, to some extent, settled, regarding it, and outlining the treatment which has generally proved most successful, and is usually adopted at the present time.

It is an acute specific contagious disease, with a period of incubation of from three to eight days,

and may occur in any locality and under every condition. It attacks all classes, rich and poor, well-nourished and ill-nourished, under any and every hygienic environment. Bad hygienic conditions augment its virulence, rendering it more fatal; but good hygienic surroundings do not afford exemption. Temperature has little or no influence, although it is usually more prevalent in autumn and winter than spring and summer. Geological formation, conditions of the earth's surface, hill or valley, moist or dry, hot or cold climates, have little if any effect on its prevalence. Diathesis does not appear to have any influence, although some think struma a predisposing cause. It is a constitutional disease, with local manifestations. Children are most liable, although adults are by no means exempt. Nursing children are seldom attacked. One attack does not protect, but subsequent attacks are usually milder. The duration of the attack is from ten to fifteen days, and indications of recovery or fatality are apparent in about seven days. Public institutions are said to be singularly free from attacks, and some races of people to be remarkably exempt, as well as some localities, even in the immediate neighborhood of those virulently attacked. It is often followed by insidious pneumonia, albuminuria, depression, nervous debility, paralysis (local and general), impairment of vision, dulness of hearing, etc. These may follow mild as well as severe attacks, immediately, or not for several weeks subsequent to apparent recovery. Of those affected by paralysis, only about 10% prove fatal.

Treatment, after innumerable experiments, has generally settled down to—1st. Best possible hygienic conditions, unlimited fresh air, saturated with moisture and antiseptics, such as sulphurous acid vapor, carbolic acid, etc.

2nd. Local treatment. Tr. ferri chloridi, with pot. chlorat., diluted with water; carbolic acid, with glycerine; or, Tr. iodi., frequently applied, has each many advocates. But we believe the first is most reliable and most generally used by men of large experience. It is not now considered necessary to apply topical remedies so strong as to injure the mucus membrane of the mouth, nor to use any force to remove the membranous exudation. When the nasal cavities are affected, syringing them with one of the above remedies, in dilute form, must frequently be resorted to; inha-

lation of steam containing carbolic acid is important, especially when the membranous exudation has extended into the larynx and trachea. Externally, poultices, Tr. iodine, spts. terebinth, etc., have usually been thought advantageous.

3rd. Constitutional treatment is sustaining from the beginning. Depressant remedies are inadmissible at any period. Stimulants are very important in severe attacks, when prostration is severe from the effects of an excess of poison in the blood. Wine, spirits, amm. carb., etc., should be administered *ad lib.* When pneumonitis seepervenens, poultices to the chest and between the shoulders are essentials, with stimulant expectorants. Of internal remedies, a mild purgative should be administered at first; subsequently, little if any purgative medication is advisable. Internally Tr. ferri mur., with pot. chlorat., administered frequently, is chiefly relied on, by all. The Tr. ferri has the effect of preventing or removing the attendant dyscrasia of the blood, in this as well as other diseases, to a greater extent than any other known remedy; and the chlorate is a tonic and febrifuge of no mean power; while both have a specific action on the local disease, and are applied every time it is swallowed. We are convinced, by a somewhat extended experience, that calomel, in small and frequent doses, is also of much benefit, and especially when the membrane extends into the trachea. We are aware that many physicians in the past have condemned it as being useless, if not positively injurious, yet we know that the practice of administering it is gaining ground, notwithstanding the prejudice existing against it. Where suffocation is threatened, and all other remedies have failed, tracheotomy as a last resource should be performed, with the faint probability of rescuing the sufferer from otherwise certain death. When it is followed by paralysis, strychnia and electricity are the remedies chiefly relied on, while massage is important, as a substitute for the necessary exercise of the paralyzed muscles. Nourishing diet, tonics, reconstructive remedies, are all-important in every case, not only during the attack, but for some weeks subsequently.

MEDICAL REGISTRATION IN ONTARIO.

In another column will be found a letter on the above subject which is very timely. The question

as to registration is certainly a burning one, with the hundreds of students now in our colleges, who are, we believe, memorializing the Council for better terms than those proposed, of insisting on every practitioner taking the Council examinations. We may say that we are entirely in accord with the sentiments expressed by our correspondent. It seems absolutely absurd, in consideration of the action spoken of by our correspondent by the authorities in Britain, as also in our own Provinces of Manitoba and Quebec in regard to reciprocity, that our Council should undertake to build a wall around our little medical institution in Ontario, through which none may enter except by the door of Council examinations and Council fees. There has long existed a feeling that certain members of the Council look askance at practitioners who have registered here under old country licenses, even though such practitioners may have spent some time in attendance upon one or more of the great hospitals of London or Edinburgh. The old cry of "evading our laws," crops out from these men continually, though, as we have previously pointed out, laws must be made before they can be evaded. Surely a graduate of one of our Universities who spends a year under the instruction of the best men in London and Edinburgh, and who secures a license to practice from one of the Colleges there, is a better man than he would have been had he simply passed the Council here. Why then should we insist on so close a corporation in medical matters, unless, as has been hinted by our correspondent, the fees are the object. Do the members of our Council wish to exclude British licentiates on the ground that their scientific or professional standing is lower than ours? If they do so, not only the members of the Council but the profession at large in Ontario may well become the laughing-stock of medical men wherever our name is heard. We hope the letter of D. E. J. may be followed by others showing the position held by the profession in various parts of the Province, on this very important question.

TAKING BLOOD DIRECTLY FROM THE LIVER.

Dr. Haley read a paper before the last British Medical Association, in which, among other therapeutical procedures for the relief of congestion of

the liver, he deals with the removing of blood directly from the liver, by means of a trocar and cannula.

This process he calls "hepatic phlebotomy." He first undertook to show that it is impossible to draw blood directly from the liver by means of cups or leeches, and that as compared with the withdrawal of an equal amount of blood from the arm, the leeching or cupping process is, if anything, inferior. Dr. Haley has long believed that the direct withdrawal of blood would be followed by great advantages in the case of hepatic engorgement, and at last succeeded in obtaining the consent of a patient and friends to the operation, which briefly was as follows: The patient was anæsthetized, and the liver was pierced in its upper part from right to left with an eight-inch trocar of the diameter of between a number 2 and 3 sized English catheter. The trocar was run in up to the hilt in the hope that in its passage it might wound sufficient vessels to yield a full stream of blood. On withdrawing the cannula an inch or two, a full stream flowed from its free orifice. Twenty ounces of blood were abstracted, a two-inch square piece of sticking-plaster applied over the external wound, and the abdomen tightly bandaged in order to bring the abdominal wall into close contact with the capsule of the liver to prevent any chance of hemorrhage. The liver, from the day of the operation, decreased in size, and by means of copaiba, resin and tapping, the ascites and anasarca which had existed disappeared, and the patient made a complete recovery from what Dr. Haley and Dr. Walker had considered a perfectly hopeless state.

It would appear from this that the liver may be safely punctured, and with great benefit to the patient. The operation certainly commends itself, and if future experience prove it to be safe, we shall no doubt soon have it established as one of the standard and remedial measures for chronic congestive hypertrophy and engorgement of the liver.

ELECTRICITY IN MEDICINE.—The large extent to which electricity is now used in the various departments of medicine has been the means of inducing a good many persons who have no special qualification for the work, to engage in the manu-

facture of instruments. Some of those offered for sale are really not worth using, and cause only vexatious disappointment when purchased and tried. We speak from experience when we say that the instruments manufactured by the Kidder Manufacturing Co., of New York, are without doubt the best in the market. The "Jerome Kidder" batteries are reliable and valuable instruments, and the well-known tip battery, the invention of Dr. Jerome Kidder, for convenience and practical utility has never been surpassed. The above-named batteries have received the highest endorsement of scientific authorities, and we heartily commend them to the attention of our readers.

OVARIOTOMY.—In a recent clinical lecture on Ovariectomy at the Hotel Dieu Hospital, Montreal, Dr. Hingston contrasted his earlier operations of twenty-five years ago with his later ones of the past couple of years. In the earlier operations the mortality was large—not often getting over three or four recoveries without a break—while lately he had reached sixteen recoveries without a break. And yet selected cases for the last sixteen recoveries embraced two removals of the uterus and all the appendages. Dr. Hingston attributed this decreasing ratio of mortality to better trained assistants, and hence less waste of time; to a more thorough cleansing of the wound before closing; and to a better system of nursing.

"NEWSPAPER ADVERTISING" AGAIN.—We regret to have to return to this unsavory subject again this month. The "Brockville Recorder" and the "Mitchell Recorder" of December 9 and 10, respectively, contain paragraphs which are, in the eyes of the profession, damaging to the medical men concerned. Paragraphs of the kind complained of may now and then appear in the papers, much to the disgust of the medical men concerned, but when they are repeated again and again, the parties so advertised must be held responsible if they do not put a stop to them.

DIPHTHERIA.—The *St. Louis Med. and Surg. Jour.* puts the case well in the following: "We venture to say that nine-tenths of the cases of so-called 'diphtheria' of which one hears, not only in St. Louis, but elsewhere, are simply follicular tonsillitis. We recently heard one young M.D.,

the down upon whose lip resembles the bloom of a peach, tell a young lady in an Olive Street car, that he had attended thirty-six cases of diphtheria during the epidemic, and *saved them all*. True diphtheria is a disease that kills—not every time, but in such a large proportion of cases that the physician who knows his business has a dread and respect for it scarcely second to that accorded to cholera.” This will strike a responsive chord in the breasts of many honest physicians who live in the neighborhood of these fortunate practitioners who “cure the diphtheria.”

THE PULSE IN HYPERTROPHY, PREGNANCY AND DURING MENSTRUATION.—The *St. Louis Med. and Surg. Jour.* states, and gives its authority for stating, that the rate of the pulse is invariable in all positions of the body in hypertrophy, and during pregnancy and menstruation. This last will be interesting to most readers, though it has been known for some time that position affects the rate of the pulse but little in the two former cases. It is a matter which may be easily proved by anyone, and no doubt we shall soon have theories enough to account for the fact, if it prove to be a fact.

DURATION OF INFECTIVENESS IN SCARLET FEVER.—Dr. Ashby (*Br. Med. Jour.*) summarizes a paper on the above subject as follows:

1. If desquamation is complete, convalescent scarlet fever patients may be discharged at the end of the 6th week, though, in order to secure absolute immunity from infection it is wiser to delay until the end of the eighth.

2. Cases complicated with nephritis, empyema, otitis, or glandular abscesses should be detained until the cure is complete.

3. That while it is important that desquamation should be as complete as possible, the detention of the patient beyond the 8th week, in order that the epidermis should be removed upon the soles of the feet, etc., is unnecessary.

TYMPANITES IN HYSTERIA—Professor Talma relates some cases of tympanites in hysteria. He believed it due to contraction of the diaphragm. The size of the abdomen was considerably decreased during sleep, and under chloroform it became normal. Hiccough was a cause of great distress in

one case, it being greatly increased whenever any of the students approached her.

PRURITUS VULVÆ.—The *N. Y. Med. Jour.* gives the following as an application for pruritus vulvæ:

R—Glycerite of starch 30 parts.
Zinc oxide 6 „
Potassium bromide 10 „
Ext. of Indian hemp 2 „

Precede the application by a hot hip-bath.

ACNE.—Ringer recommends the following lotion as very useful in that form of acne common in young women at the menstrual period:

R—Sulphur 3 j.
Glycerini f 3 j.
Aq. 3 x.—M.
Sig.—Apply twice or thrice daily.

ACUTE CONJUNCTIVITIS.—In this disease the following solution is a favorite one of Dr. Foxe's:

R Acid. boric., gr. xij
Zinci chlorid., gr. iij
Aquæ camph.,
Aquæ destillat., aa f 3ij

M. Sig.—Use as lotion for eyes.

CHRONIC DYSENTERY.—Dr. Blomfield speaks highly (*Lancet*) of the efficacy of the following injection in chronic dysentery. After washing out the rectum with a pint and a half of water at 90° F. he injects two ounces by measure of the following: Quinæ bisulph. gr. x; tinct. camph. co., 3iv; decoct. amyli ad 3ij. If this be rejected it may be repeated in an hour to two. These injections given night and morning soon improve the patient's condition.

A SOLVENT FOR SORDES.—Dr. MacGregor gives (*Ed. Med. Jour.*) the following as a solvent for sordes: Boric acid, thirty grains, chlorate of potassium, twenty grains, lemon juice, five fluid drachms, and glycerine, three fluid drachms, yields very comforting results. When the teeth are well rubbed with this, the sordes quickly and easily become detached; little harm will follow from the acid present. The boric acid attacks the masses of bacilli and bacteria, the chlorate of potassium cools and soothes the mucous membrane, the glycerine and lemon juice moisten the parts and aid the salivary secretion.”

OIL OF TURPENTINE IN PAINFUL INTESTINAL AFFECTIONS IN CHILDREN.—Dr. Bedford Brown (*Jour. Am. Med. Asso'n.*), says that the oil of turpentine has a very soothing action on the irritated and inflamed mucous membrane, and checks the rapid exfoliation of epithelium which goes on during the inflammatory process. It is not only sedative in its action, but also acts as an antiferment, deodorant and antiseptic. He recommends it in the dyspepsia of young children brought up by hand, accompanied with severe pain with either constipation or diarrhoea. It is useful also in enteritis, dysentery, and intestinal catarrh. He recommends that it be combined with belladonna and alkali, or with simple peppermint. Dose for a child of one year 2 minims.

The *Med. Summary* gives the following as a good turpentine emulsion :

R Oil of turpentine . . .	2 fl. ounces.
White of Egg . . .	2 fl. ounces.
Glycerine . . .	4 fl. ounces.
Syrup . . .	4 fl. ounces.
Water . . .	4 fl. ounces.

Mix the white of egg and glycerine together, add the oil of turpentine, and shake thoroughly; then add the syrup, and lastly the water, shaking them well together. This makes a nice emulsion and is easily made and as permanent as any turpentine emulsion. A teaspoonful dose will contain about 8 minims of turpentine.

FRESH MILK IN ACUTE ARSENICAL POISONING.—Dr. Jones (*Virginia Med. Month.*), says fresh milk, by enclosing the poison in its coagulum and thus, acts as a mechanical antidote. He instances a family of seven persons poisoned by arsenious acid, by the exhibition in large quantities of this simple remedy.

SCIATICA.—Dr. Da Costa frequently prescribes :

R Olei ganeth.	
Olei trebinth,	aa 3 iv
Syr. acaciæ,	3 ii
Aq. cassiæ,	ad 3 iij—M
S.—31 three or four times a day.	

CIMICIFUGA IN CHOREA.—The *Boston Med. and Surg. Jour.* gives the names of several eminent men who speak highly of the use of cimicifuga in chorea. It acts speedily and thoroughly, but re-

quires to be administered in full doses, such as "develop its specific effects, particularly vertigo and confusion of sight."

COCAINE IN LABOR.—Dr. Hertzthorne recommends (*Lancet*) the use of a compound of six parts of cocaine, twenty-four of vaseline and twenty of glycerine, to be applied to the parturient canal during the second stage of labor for the purpose of producing anæsthesia of the parts, and so vastly lessening the pain incident to that stage.

HYPODERMIC ADMINISTRATION OF STRYCHNIA.—Dr. Austie says the full effects of this drug are rapidly developed when administered hypodermically. He proposes a solution of the sulphate, grs. ij. ad aq. dest. 3j., of which the proper commencing dose is m.ij. (gr. 110). If the dose exceed gr. 1/10, unpleasant toxic effects follow.

VOMITING OF INFANTS.—The vomiting of young infants may often be cured by the exhibition of one-third of a grain of hyd. c. cret. every three hours, though sometimes it proves intractable and even dangerous to life.

THE SPECIFIC ORGANISM IN HOG CHOLERA.—Dr. Salmon states that he has certainly found the microbe which is the cause of the swine plague. It is a bacterium, and produces all the symptoms of the disease.

NITRITE OF AMYL IN OPIUM POISONING.—It is reported (*L'Union Médicale*) that a case of opium narcosis was relieved by nitrite of amyl after belladonna had failed, and the patient was almost beyond help.

TETANUS FROM THE HORSE.—M. Verneuil, of Paris, has undertaken to show that tetanus is due to the germs derived from the horse, the germs being introduced into a wound in the human being.

MORRHUOL.—The active principle of cod liver oil has been obtained by a Parisian. He says it gives excellent results when used instead of the crude oil.

METHOD OF REMOVING NITRATE OF SILVER STAINS.—Dip the fingers into a strong solution of cupric chloride. In about a minute the silver will be converted into chloride, and may then be washed off with sodium hyposulphite solution.

APPOINTMENTS.—Dr. Theo. S. Covernton, Jr., of Toronto, has been appointed Examiner in Hygiene and Medical Psychology in Toronto University.

WE regret to announce the death of John P. Gray, M.D., LL.D., Medical Superintendent of the State Lunatic Asylum, Utica, N.Y., aged 61 years. He was for many years editor of the *Am. Journal of Insanity*. It will be remembered that he was shot by a lunatic in 1882. He never fully recovered from the effects, and finally succumbed to Bright's disease. He was one of the foremost alienists on this continent.

ANGINA PECTORIS.—Iodide of Sodium, is highly recommended by Hichood, in the treatment of Angina. Laschkevitch (Rev. de Med.) speaks highly of the effect of cocaine in doses of from $\frac{1}{2}$ to $\frac{1}{4}$ grains three times a day.

DR. WILLIAMS (*Boston Med. and Surg. Jour.*) says he has averted a great many felons, by keeping a rag tied loosely around the finger, constantly wet with cold water. They must be taken in the earliest stage.

M. DOYEN (*Br. Med. Jour.*) recommends the following in inflamed eczema and ulcerated impetigo: Salicylic acid, 2 grammes; lanolin, 50 grammes; zinc oxide, 24 grammes; starch, 24 grammes.

DR. ILLINGWORTH recommends the tincture of perchloride of iron in five drop doses, sweetened with glycerine, in enteric fever.

Books and Pamphlets.

THE PRINCIPLES AND PRACTICE OF MEDICINE; for the use of Practitioners and Students of Medicine. By Austin Flint, M.D., LL.D., late Professor of Medicine in Bellevue Medical College, New York, etc. Sixth Edition, revised and re-written by the author, assisted by W. H. Welch, M.D., Prof. Pathology in John Hopkin's University, and Prof. Austin Flint, jr. Philadelphia: Lea Bros. & Co., 1886.

The following Extracts from the Preface to the sixth edition will be read with interest, as evincing alike the enormous personal experience upon which the author founded his opinions and

the very complete manner in which he has presented to the fellow-members of his profession the matured results of his life's labors.

"The basis of the work is an unbroken series of records of cases in private practice and in hospitals, begun in 1833 and continued for more than half a century, covering sixteen thousand nine hundred and twenty-two folio pages of manuscript, written with the author's own hand. These records embrace carefully-written histories of cases in all departments of practical medicine, observed under varied conditions of life, climate and general surroundings; cases observed in the experience of a quarter of a century of a general practitioner and of more than another quarter of a century as a consulting physician, including the epidemics which have occurred in this country within the last fifty years—the experience derived from these various sources of observation, carefully recorded, studied and analyzed, was finally used in the composition of this treatise, the first edition of which appeared in the year 1866. In the meantime the author's original contributions to practical medicine, embodied in special treatises, in communications published in medical periodicals, and in transactions of medical societies, have left their impress upon many departments which, in recent years, have been classed as specialties; although he was always a physician, never a specialist. A student of the history of practical medicine will often find observations and ideas, assumed to be of recent date, which had been anticipated by the author many years before.

Among the entirely new articles, special attention may be called to the following: Infectious Tumors; Syphilitic Diseases of the Lungs; Cerebral Syphilis; General Considerations relating to Inflammatory and Structural Diseases of the Spinal Cord; Spastic Cerebral Paralysis of Children; Hereditary Ataxia; Myxoedema; Multiple Neuritis; General Pathology of Fever; and Milk Sickness. In addition to these new features, many articles have been entirely rewritten; and in nearly every article changes and additions, some of them very important, have been made.

The sixth edition also contains a full consideration of recent discoveries concerning the bacterial origin of various infectious diseases, as will be rendered evident by a consultation of the article on Vegetable Parasites in the chapter on Eti-

ology, and articles in the chapters treating of Tuberculosis, Typhoid Fever, Cholera, etc.

RHEUMATISM: ITS NATURE, ITS PATHOLOGY, AND ITS SUCCESSFUL TREATMENT. By T. J. MacLagan, M.D.: New York, W. Wood & Co.

This is a valuable book. The publishers seem to have known the fact, for they have not hung out any broom. Perhaps the author has no string of medico-algebraic signs of unknown quantities, from which to construct a caudal flourish. Whether so or not, we have been thankful for the absent appendages, and we entered on the perusal of the book with the determination of judging of its merits according to the evidence presented by the contents.

The style is clear, simple and inviting, and the diction is happily free from those grammatical oversights which too often disfigure the pages of some other treatises issued by American publishers.

The book consists of twenty chapters, in which the following subjects are treated of. 1st. The varieties and symptoms of Rheumatism. 2nd. The duration of Rheumatism. 3rd. The seat of Rheumatism. 4th. The nature of Rheumatism. 5th. The nature of the Rheumatic poison. 6th. The Lactic Acid theory of Rheumatism. 7th. The Miasmatic theory. 8th. The nature of Malaria. 9th. Its mode of action. 10th. Rheumatism of the loco-motor apparatus. 11th. Rheumatism of the vasculo-motor apparatus. 12th. Endocarditis. 13th. Pericarditis. 14th. Myocarditis. 15th. The treatment of Loco-motor Rheumatism. 16th. The mode of action of the Salicyl compounds in Rheumatism. 17th. The treatment of Vasculo-motor Rheumatism. 18th. Cerebral Rheumatism. 19th. The relation of Rheumatism and Chorea. 20th. Rheumatic Hyper-pyrexia.

These headings certainly present an appetising bill of fare. The reader will not be disappointed in either the savor or the digestibility of the viands. The author shows that he is well acquainted with the existing literature of his subject; and the modesty and impartiality evinced by him in his criticisms, merit high commendation. It is to be hoped that succeeding writers, who may question the soundness of his views, will be governed by a similar delicacy.

Perhaps the points most inviting to demurring

criticism, will be found in his views on malarial poison germs as the *sine qua non* efficient factor in the causation of rheumatism, and his consequent committal to this lately born morbid agent: and in inevitable association with this must come his advocacy of Salicyl as the appropriate germicide. His repudiation of the lactic acid theory of rheumatismal causation, must also provoke controversy. It may, too, seem strange to some readers, that the profuse sweatings, provoked, as he says, by redundancy of lactic acid in the blood, should be the efficient cause of the high degree of bodily heat in certain cases of acute rheumatism. Sweating has heretofore been regarded as a natural cooling process, and it is doubtful whether the cutaneous irritation caused by this substance, may not be compensated by the process of coincident evaporation attendant on it. It may also be alleged by scrupulous critics that Dr. MacLagan is rather forward in his assumption of the existence of a thermal centre in the cerebro-spinal axis. At all events it is questionable, as yet, whether it is quite safe to locate this centre in the medulla spinalis at the point assigned to it by the author. His *a priori* arguments, in advocacy of this structural provision, as an arrangement complementary to those of other corporeal functions, are ingeniously plausible, and well worthy of the reader's serious attention. The final chapter, on Hyper-pyrexia, in which this matter is ably treated of, will not fail to command the admiration of every lover of fledgling theories. It is truly a captivating production, and it is well worth while to peruse assiduously all that precedes, in order to reach this dazzling culmination.

Finally, we are constrained to say, that if all the monthly issues, or even a handsome minority, devoted by the enterprising house of Wm. Wood and Company, to the medical profession, were as well deserving of approbation as this treatise of the tailless Dr. MacLagan, medical science would be largely enriched.

A TEXT-BOOK OF HUMAN PHYSIOLOGY, INCLUDING HISTOLOGY AND MICROSCOPICAL ANATOMY, with special reference to the requirements of Practical Medicine. By Dr. L. Landois, Prof. of Physiology in the University of Greifswald; with additions by William Sterling, M.D., Sc.D., Brackenbury Prof. of Physiology and Histology in Owen's College, Manchester, etc. Second

American from fifth German edition ; pp. 922, with 583 illustrations. Philadelphia : P. Blakiston, Son & Co. Toronto : Hart & Co. 1886. Cloth, \$6.50 ; leather, \$7.50.

This classic on physiology has passed through four editions in Germany since its first appearance in 1880. At present, when thoughtful men are trying by every means to apply their physiological knowledge in their practical work, such a book is well-nigh invaluable, for the author appears to have kept steadily in view the idea of making the work practical, and of "forming a bridge between Physiology and the Practice of Medicine."

The subject-matter is so arranged as to be easily understood, a matter of great moment in a work which claims to be comprehensive and at the same time concise. The histology is more fully dealt with than is the case in most text-books on physiology, while the *résumé* of pathological variations appended to each section, not only draws the student's attention from the first, to the relation between normal and pathological processes, but enables the practitioner to refresh his memory, by "passing backward" from the abnormal to the normal processes of the body. The various methods of investigation which may be used by the general practitioner, are fully and clearly described, a matter of importance at present, when Pharmacology is considered one of the important branches of a medical education.

The translator has performed his task well, and has not only presented the work in a truly English form, but has made many valuable additions where such seemed necessary. The work is, as we intimated before, a classical one, and we heartily recommend it to all students and practitioners of medicine.

ERUPTIONS ; THEIR REAL NATURE AND RATIONAL TREATMENT. By Dr. Barr Meadows, L.R.C.P. E., M.R.C.S., etc., etc. Ninth edition ; pp. 84. London : George Hill. Toronto : Hart & Co.

The author proposes to demonstrate the symptomatic nature of eruptions generally, and to lighten the burden of the student and practitioner—caused by the cumbrous classification now in vogue, and to point out the natural mode of treatment in accordance with the general principles of medicine. The work will repay a perusal.

A TEXT-BOOK OF MEDICINE, for Students and Practitioners, by Dr. Adolf Strümpell, of Leipzig. Translated from the 3rd German edition by H. V. Vickery, M.D., assisted by P. C. Knapp, M.D., Boston, Mass. 111 illustrations. New York : D. Appleton & Co. Toronto : Williamson & Co.

The above work, which is new to most of our readers, has achieved great success in Germany,

having reached the third edition in a very short time. It has been introduced as the text-book on medicine in the Harvard Medical School. The work is especially commendable in its treatment of nervous diseases, which are dealt with fully, concisely and clearly. The pathology of disease, as might be expected from so eminent a teacher, has received due and careful attention, and this is another strong feature of the work. The details of treatment are not as satisfactory as could be wished, but what is given is based upon the practical experience of the author and are probably sufficient for the needs of most practitioners. The author gives in this work the results of the experience and observation of more than six years active work in the medical clinic in Leipsic. We heartily commend the work to the attention of our readers.

MANUAL OF OPERATIVE SURGERY by J. D. Bryant, M.D., Prof. of Clinical Surgery Bellevue Hospital Medical College, New York, with about eight hundred illustrations. New York : D. Appleton & Co. Toronto : Williamson & Co.

The apology given by the author, if any apology be needed for the appearance of so excellent a work, is the frequent request on the part of those whom it has been his pleasure to instruct in operative surgery during the past few years, to make a book based somewhat on the plan he has employed in teaching this subject. We have perused this work with great pleasure and profit, and can bear testimony to the care and attention which the author has bestowed to make the book a benefit to his co-workers in the same field. The cuts are numerous and well executed, and the text clear and well printed. The various operative procedures are clearly and concisely described, and the results of the various operations briefly stated. The chapter on the treatment of operation wounds is worthy of special mention. The work is fully abreast of the most recent advances in operative surgery, and we have much pleasure in recommending it to our readers.

Births, Marriages and Deaths.

On the 24th October, Dr. A. E. Croucher, of Bridgewater, N.S., aged 50 years.

On the 1st ult., G. A. Neal, of Ruthven, Ont., aged 37 years.

On the 6th ult., James O'Shea, M.D., of Campbellford, Ont., aged 36 years.

At Peterborough, on the 24th December. Dr. W. H. Burritt, aged 78.

On the 26th ult. Dr. Robt. Hobbs, of London, Ont., aged 86 years.

On the 24th ult., Dr. W. B. Nicol, aged 74 years.

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Original Communications.

OVARIOTOMY DURING PREGNANCY—A CASE WITH REMARKS.

BY WILLIAM GARDNER, M.D.,

Professor of Gynecology, McGill University; Gynecologist to the Montreal General Hospital.

On the 10th November, 1884, by the advice of my friend, Dr. Dugdale, of this city, I was consulted in the case of a lady, æt. 37, the subject of an abdominal tumor. She had been married 18 or 20 years and was the mother of two children, one a grown-up daughter, born a year after marriage; the other 11 years of age. A few months after the birth of the last child she began to suffer from cough, hæmoptysis, pain in the chest, dyspnoea, emaciation, and all the other evidences, general and local, of phthisis. The physical signs existed mainly in the right lung, in the apex of which a cavity was diagnosed. So serious were the symptoms at one time, that it was thought by her medical advisers that she had but a few months to live. She however rallied, and although never long free from cough and expectoration, her general condition became much better and she had for several years lived in tolerable comfort. To this result the preparation known as Hydroleine had seemed to contribute very much. Between three and four years previous to my seeing the lady, a tumor, diagnosed as ovarian, had developed, and when I saw her the abdomen was enlarged thereby equal to pregnancy of six months. All the evidences of cystic ovarian tumor were present, but as it had grown none for a year or two, was not painful, did not seem to be markedly affecting her general health, and as a portion of the tumor occupied the pelvis where it might be adherent, seriously complicating ovariectomy in a delicate

woman, I advised non-interference until some indication for prompt action arose. My advice was followed. I did not again see her till early in May, 1886. I then learnt that the lung symptoms had been alternately somewhat active and quiet, the tumor remaining stationary till March, 1886, when it began rapidly to increase in size; menstruation, which had hitherto been quite regular, ceased on 16th February, after a natural flow. There had been nausea and some vomiting. The large increase of the tumor had produced much dyspnoea and pain in the right side of the chest. On some nights the patient had been unable to lie, from difficult breathing. I found her emaciated and slightly livid from impeded breathing. The breast signs were doubtful, but on examination the vagina was purple in color, and both it and the cervix were markedly softened. Enlargement of the uterine body, commensurate with the probable duration of pregnancy, was tolerably well made out. That part of the tumor which occupied the pelvis, at the examination eighteen months previously, had disappeared upwards. The patient believed that she was pregnant, and so did her physician. I could only agree. She was watched for a fortnight or more. Her sufferings decidedly increased, and it became apparent that prompt action was necessary. Both patient and her husband (a non-practising physician), urgently desiring the operation. After gentle purgation and dieting for two days, on the 29th May the operation of ovariectomy was done at the home of the lady, Drs. Roddick and Bell assisting. Ether was the anæsthetic used, not however without some misgiving as to its possible effect on the lung conditions. The operation was simple and easy—a unilocular cyst of the right ovary, with favorable pedicle and no adhesions. On getting into the belly, it was interesting to note the contrast between the dark red fundus of the womb, as it lay behind the pubes, with the pearl-colored tumor above it.

The after-course of the case was easy and uninterrupted to recovery; no sickness and very little pain; the cough, necessary to get up the expectoration, being the only distressing symptom. The wound healed without a fraction of a drop of pus, either at the line of union or stitch-holes. She was kept in bed four weeks to allow of the cicatrix becoming firm under the strain of the developing

uterus. After three months' absence in Europe, I called on her in October and found pregnancy advancing, but the enlarging uterus causing considerable distress in breathing. She was confined by her physician at full term on the 26th November, three days less than six months after the date of operation. Labor terminated naturally after six hours. It was followed by alarming hemorrhage, which led to fainting and syncope. It was controlled by ice. The child, a fine healthy boy, weighed nearly ten pounds. She made an excellent recovery, suffering from nothing of any moment, except weakness from loss of blood.

The complication of ovarian tumor with pregnancy is one which must always justify much anxiety. This is greatly increased if, as in the case just related, there be a further complication with grave lung disease. The effect of pregnancy on a previously existing ovarian tumor is as a rule to stimulate it to rapid growth, with the obvious result of serious encroachment on adjacent viscera. The condition of the lung in this case greatly increased the patient's sufferings. The remarkable fact that this was first pregnancy after nearly twelve years, must be noted. Notwithstanding the fact that there are now on record a number of cases of successful ovariectomy during pregnancy, obstetrical authorities and the general profession are not in perfect accord as to the proper course to pursue in these trying circumstances. It is quite true that women have in rare instances borne several children safely at full term, while suffering from ovarian tumor, but these are few when compared with the many fatal cases of premature and full time labor to be found recorded in the annals of the subject. During labor the tumor may burst, or its pedicle be twisted, or it may suffer such injury from pressure that it suppurates, with almost invariably fatal results in each case. The only thing to give the patient a chance under these conditions, must be immediate operation to remove the tumor, under very unfavorable circumstances. When during labor the tumor suffers no injury, the puerperium is often influenced very unfavorably. If the patient survive, the tumor must be dealt with sooner or later to save her life. The size of the tumor does not much influence the result. A large tumor which has of course become abdominal, together with the gravid uterus produces dangerous pressure on ad-

jacent viscera of abdomen and thorax; while on the other hand a small tumor, probably occupying the pelvis, is more liable to such injury as shall lead to rupture or suppuration with consequent peritonitis.

Isolated cases of fatal, supposed puerperal septicæmia or inflammation from this cause are certainly much more common than is generally supposed. A paper by Dr. Grigg on some cases of this kind, read before the British Gynæcological Society last June, is of great interest in reference to this subject. It was a record of five fatal cases, the whole mortality at the Queen Charlotte's Lying-in Hospital, London, during nine months. A careful autopsy was made in each case, and the result showed that in four, diseased conditions of the uterine appendages were present and more than enough to cause death, and which, had they not been fully investigated, would have been put down in the category of puerperal septicæmia. Two of the four were small ovarian cysts; one of them suppurating. A third was abscess of the left ovary and pyosalpinx. The alternative to ovariectomy for relief from a large ovarian tumor is tapping, and it is still urged by the more conservative of the profession. It can do good only in unilocular cyst. It is attended by many dangers. It is not a radical cure and may be only temporary in its results, for the cyst may rapidly refill, and in any case sooner or later the radical ovariectomy must be done.

The induction of abortion or premature labor cannot be recommended as it has been shown as the result of experience, to be by no means free from danger to the mother, while the child must usually be sacrificed, and yet, as a result of conversation with my professional brothers, it seems to be the course which is most likely to suggest itself. I believe I am justified in saying that, in the complication of ovarian tumor with pregnancy, when the case is diagnosed before labor begins (for which, however, there is not always the opportunity), the rule is to be laid down, to promptly remove the tumor, and the earlier this is done, the better are the chances for both mother and child. It may be further added that serious organic lung disease does not of necessity complicate the operation or render ether as the anæsthetic more dangerous.

GASTROSTOMY FOR MALIGNANT STRICTURE OF THE ŒSOPHAGUS: A CASE.

BY A. M'PHEDRAN, M.B.,

Lecturer on Medicine, Woman's Medical College, Toronto.

Eliza S., aged 41, first consulted me in April, 1886. Her family history was good. She had always been healthy, though not very strong, her digestion was always weak. About Christmas, 1886, she began to complain of pain in the chest, behind lower part of sternum and in the mid-dorsal region; it was almost constant, and not increased by food. During March and April she was unable to take solid food, and fluids were swallowed with increasing difficulty, part of them being often rejected, without nausea, as soon as swallowed. Large mouthfuls of clear mucus were thrown up at short intervals. On exploring the œsophagus early in May, the sound was arrested at 11 inches from the upper dental arch, showing stricture just below the level of the left bronchus. A No. 10 catheter passed fairly easily, causing some pain, and afterwards a No. 12. By the middle of May she was wholly unable to swallow anything, even a teaspoonful of water returning almost immediately, and the amount of mucus thrown off increased; it was often tinged with blood; both evidently came from the œsophagus. A catheter was introduced into the stomach three or four times daily for the purpose of giving nourishment, a funnel into which the food was poured being attached to the catheter. The introduction of the catheter always caused pain, but she was fairly well nourished and gained somewhat in flesh and strength. The stricture rapidly contracted, so that by June 1st only a No. 8 catheter could be used, and the pain from the introduction so greatly increased that it was evident she could not continue to take nourishment much longer by this method. Rectal alimentation could not be continued for more than a few days, on account of the severe colicky pain induced. As she suffered from hunger and thirst, especially the latter, gastrostomy was proposed, the risks and disadvantages being fully explained to her. After some hesitation she decided to have it performed, and the first stage of the operation was done on June 11th. There were present and assisting Drs.

Machell, Carveth, Cameron, Nevitt, Duncan, Foster and J. Caven. An incision, three inches long, was made three-quarters of an inch below, and parallel to, the costal cartilages of the 8th and 9th ribs, beginning nearly an inch to the left of median line. On opening the sheath of the rectus the direction of the incision was changed to that of the fibres of that muscle, so as to secure the benefit of any sphincter action that the rectus might subsequently exercise. On opening the peritoneum the liver and stomach came into view, the latter much contracted and overlapped by a fold of the lesser or gastro-hepatic omentum. The stomach walls were thick and of the usual pinky red color, but to make certain that it was not the transverse colon we had exposed, the lesser omentum was traced upwards to its attachment to the liver, and the stomach itself traced nearly as far as the attachment of the œsophagus. The stomach being then brought downwards, and to the right as far as possible, a fold of it was drawn through the opening and transfixed at right angles to the skin incision by two harelip pins, the serous and muscular coats only being pierced, allowing the mucous coat to recede. Silk sutures were then introduced so as to bring together the peritoneal as well as the superficial parts of the wound closely around the protruding portion of the stomach, but no sutures were introduced into the stomach, which was held firmly in place by the pins. The wound was then freely dusted with iodoform, over which dry gauze and salicylated wool were placed and secured by a broad flannel bandage. She recovered from the effects of the ether without any disturbance. The temperature and pulse remained normal throughout the subsequent history; a little soreness at seat of operation, for a few days, was all that was complained of. For three days she was given food by the bowel; after that, owing to colic, nourishment was again given through the œsophageal tube, which was introduced with ease for a few days. The first dressing was not changed until the fifth day, when union was found to have taken place by first intention. The gauze covering the protruding portion of stomach was so intimately adherent by plastic effusion that it was separated with some difficulty, and caused some breaking down of the union between the stomach and the superficial parts of the wound, which took some days to

unite. The stomach was opened on the 21st June by passing a narrow tenotomy blade down between the pins nearly an inch, without apparently entering the stomach. Before withdrawing it two probes, bent at right angles, were passed down one on each side of the knife, with which to dilate the fistula for the introduction of a small tube or catheter, as advised by Fagan of Belfast.* The tube not entering the stomach, a little milk was introduced into the stomach by way of the œsophagus, that its presence might indicate when the stomach was opened, and thus prevent injury to structures behind the stomach. The knife was again passed down between the probes and forced gently onwards when it soon entered the stomach, and some of the milk mixed with gastric juice was easily withdrawn. A No. 6 catheter was then passed through fistula, and through it 3 oz of milk was injected; the catheter was left in the fistula, a compress being placed around it. Food was to be given every three or four hours through the catheter. The opening of the stomach gave no pain, and was made without any anæsthetic being given. A little nausea was experienced but no other inconvenience. The size of the catheter was gradually increased until a soft rubber tube, equal to No. 18 English scale, could be introduced, and this was retained, being corked to retain contents of stomach. From the first there was some trouble from oozing around the tube, which caused more or less excoriation. With this exception everything was satisfactory; hunger and thirst being completely relieved. She was able to be out driving early in July. The pain in the chest was much less troublesome, being at times absent for days. She continued to regurgitate the clear mucus from the œsophagus, sometimes with a little blood; occasionally the bleeding was profuse, on one or two occasions continuing for a whole day, after which she would be considerably prostrated. Her condition was satisfactory during the months of July to October, during which her strength and flesh had considerably increased. She began to fail perceptibly early in November, though still taking food freely; with the failure the oozing increased. Early in December she was confined to bed—cough developed and increased, with dyspnoea and frequent free hemorrhages. The oozing became so free that she could

take but little nourishment, and death took place on Dec. 28th—six months and 18 days after the operation.

Post mortem examination.—Emaciation marked, but not as extreme as usually obtains in cases of death from cancer. The union at the fistulous opening was firm, the margin of the liver being also adherent. No adhesions beyond the immediate circumference of the opening, which was one inch from the pylorus. The stomach was considerably dilated, extending two inches below the fistula—the walls were thin. The upper part of the œsophagus was dilated; the lower five inches converted into a sloughy cavity filled with foul grumous material. The disease implicated the aorta, bronchus and spine. The backs of both lungs were in a state of advanced hypostatic pneumonia; they contained no secondary cancerous deposits. The pneumonia was doubtless the immediate cause of death.

Remarks.—The objects aimed at by this operation were—primarily and chiefly, the relief of suffering from hunger and thirst, and secondarily, the prolonging of life. The operation at best is only a palliative one unfortunately, at least in all cases of malignant stenosis. Nevertheless, as the dangers arising from gastrostomy, as from all other abdominal sections, are now comparatively slight, if the patient be not too prostrated, the operation is one at least worthy of consideration in all cases of œsophageal stricture. Since the division of the operation into two stages, all the deaths occurring from it of which I have seen any record, have been due to prostration, the operation having been too long postponed. Of 13 cases operated on by Dr. Knee, of Moscow, 10 recovered, six of them living from five to nine months; four were lost sight of in a few months after the operation, and three died—one on the second day from perforation of left bronchus, one on eighth day from bleeding, and the third on twelfth day from prostration.* If resorted to at an early stage of the disease, there should be few if any deaths from the operation. In a few cases the colon has been secured instead of the stomach, and death has resulted; such an accident has occurred to one of the most prominent British surgeons, and is one to which all are liable.

* *Brit. Med. Journal*, October 4th, 1884.

* *Annals of Surgery*, Sept., 1886.

The method of securing the stomach resorted to in this case was that recommended and practised by Boyce Barrow, of the West London Hospital,* as being more expeditious than, and quite as efficient as, the method of a double circle of sutures, recommended by Howse, to whom is due the credit of rendering this operation safe by its division into two stages. Barrow's directions were departed from, in that only the serous and muscular coats were transixed to the pins; by transfixing the mucous coat also, as he directs, the stomach would be more easily opened, as the mucus membrane would not recede from the surface, as it did in this case, necessitating the passing the knife so deeply before reaching the cavity of the stomach. But it is possible that the wound may be more easily and certainly rendered aseptic by transfixing only the serous and muscular coats, as septic matter might find its way along the pins, if the mucous coat is transixed.

The sutures for closing the wound might with advantage, I think, be passed before securing the stomach, as the protruding portion of stomach is in the way of their being easily passed afterwards. Those sutures that could not be tied on account of the protruding stomach, should be used to suture the peritoneum to the skin on each side, thus presenting a broader peritoneal surface for union with the stomach, and securing more rapid union. This union takes place very rapidly; it has been found firm in one case in 19 hours, and another in 24 hours, and a third in 30 hours.† This indicates that in urgent cases rectal alimentation can with safety be supplemented by food by the mouth after 24 hours, or in case of necessity, that the stomach might be opened with fair safety—the risk of opening would be much less than that of delay in administering nourishment. It would seldom be advisable to operate in cases requiring such urgency; surgical interference has been too long postponed. Nevertheless, in some cases the stomach should be opened immediately after the preliminary operation is done; but such a course is rarely advisable.

As it is desirable to have the opening in the stomach as far as possible to the splenic end, in order that food may enter more easily, and that oozing from the fistula may be less liable to occur,

the stomach should be drawn well to the right before being secured. The constant retention of a tube in the fistula probably tends to increase the leakage; it would in that case be better to use only a small tube, and introduce it when nourishment is to be given; any oozing occurring as the tube is withdrawn, to be removed with absorbent cotton, and a suitable compress placed over the opening. Bryant, in his work on surgery, recommends an ordinary enema syringe with a funnel at one end and a small tube at the other for giving food. With which an appliance, finely minced solids mixed with liquids could be easily introduced into the stomach—the patient might even enjoy the pleasure of masticating his food, and then putting it into the funnel partly filled with liquid, after which all could be forced into the stomach.

EXCISION OF THE KNEE-JOINT.

BY N. E. M'KAY, M.D., C.M., M.B. M.R.C.S., ENG.,

Surgeon to Provincial Hospital, Halifax, N.S.

The operation of excision of the knee-joint is considered hopeless by many surgeons. I am not aware of a successful case in Nova Scotia. Even in Edinburg, I believe, it is looked upon with disfavor. To aid in removing the bias with which the operation is too generally viewed, I beg to report the following successful case.

G. O., aged 22, single, thickly set, fairly well nourished, of a slightly sallow complexion, was admitted into the Provincial Hospital on Nov. 18th, 1885, suffering from pulpy degeneration of the knee-joint.

Previous History.—Patient had always been well until four years ago, when his present ailment began. His trouble began with slight pain and stiffness in the knee-joint, which kept gradually getting worse. He was obliged to seek admission into the Hospital early in March, '84. This was during the *régime* of the old Medical Board of the Hospital, and no record was kept of his case. He says, while in the Hospital, his knee was freely cauterized and blistered, which gave him temporary relief. He left the Hospital early in November, 1884, improved. From the time he left the Hospital until October, 1885, he was able to walk about without the aid of crutches, but was unable to bend his knee. He came for the first time

* *British Medical Journal*, Dec. 6th, 1884.

† *Philadelphia Medical News*, 1st Dec., 1883.—Gross.

under my notice when re-admitted into the Hospital in November, 1885.

Present Condition.—On admission his knee was very much swollen, round, doughy, and semi-elastic; its motion limited; the leg slightly flexed; the knee apparently bent a little inward; and the head of the tibia slightly displaced backward and outward. He had slight pain and tenderness in the joint; the pain being increased on motion and on pressing the ends of the bones together. There was a little increase of local temperature. He had no starting pains in the limb at night.

Treatment.—Constitutionally everything was done to invigorate the system by abundance of good nourishing food, pure air, cod liver oil, iron, and other alteratives. Locally the knee was strapped in Scott's dressing, and to ensure absolute rest to the joint, the patient was put in bed, and a Buck's extension applied, for which a back splint was subsequently substituted. This treatment was continued until the latter part of January, 1886, when an operation was determined upon. At this time the subjective and objective symptoms already enumerated, were slightly exaggerated; distinct lateral motion was present in the joint, indicating destruction of the ligaments, and slight grating noise could be detected on rubbing the ends of the bones together. The patient now complained of starting pains of the limb at night.

On the 3rd of February, 1886, the knee was excised, the operation being performed under a spray of carbolic acid (1 in 40), and with strict antiseptic precautions. On opening into the joint cavity, by the ordinary incision, the synovial membrane was found to be converted into a pulpy, gelatinous, pinkish-gray mass; the articular cartilage destroyed, except a small detached piece, the size of a fifty cent piece, which covered the external condyle; a large sequestrum imbedded in the inner condyle, and a small abscess cavity containing pus, caseous material, and *debris* of broken down tissues in the external condyle. I removed a slice of bone about a quarter of an inch thick from the entire surface of the condyles of the femur, making the surface present a convexity; and a similar slice from the head of the tibia, making its surface a concavity to better fit the convexity of the condyles of the former. I then removed the sequestrum, and the *debris* of broken down tissues, and carefully dissected away the

patella and all the diseased synovial membrane, and scraped out the synovial pouch above the patella. The hemorrhage having been stopped, and the wound thoroughly washed with carbolic solution (1 to 40), the parts were adjusted in proper position on a back interrupted iron splint with a foot piece—a modification of Sir William Ferguson's. Dr. Watson's suspension rod was applied to the front of the limb, and both splints were held firmly in position by plaster of Paris bandage, coated with paraffin, and the whole apparatus was suspended in a Salter's swing. The wound was brought together by silk sutures, a large drainage tube was introduced at either angle, and a Lister's dressing applied.

On the morning after the operation his temperature rose to 99° F., and in the afternoon to 100°. On the evening of the third day it rose to 101°, and remained so with scarcely any fluctuation until the morning of the 6th day, when it fell to 98½° and remained so.

On February the 4th, the day after the operation, the dressing which was soaked with blood and serum, was removed under the carbolic spray. The wound looked well. Feb. 10th the wound was dressed under the spray; it looked well and was healed by first intention; no discharge; every alternate stitch was removed. Feb. 15th wound dressed under the spray; removed all the stitches and also the drainage tube, which was left out. Feb. 22nd dressed wound; it looked well; spray discontinued. March 1st dressed wound, and found in the middle of the line of incision a small pocket containing five or six drops of pus. The splint was then taken off on the 10th of March, the 44th day after the operation, when firm, bony union was found to have taken place. The leg was put up in a plaster of Paris bandage, and the patient allowed to walk about the ward on crutches. From this time until he left the Hospital, early in June, his recovery was uninterrupted and rapid. When discharged the limb was 1 inch shorter than the other, and the patient could walk well.

It may be asked why I did not at the outset use the actual cautery in the treatment of this case? My answer is, that whatever good may follow the use of the cautery in the incipient stage of pulpy degeneration of joints, its employment is useless, if not injurious, in cases in which there is unmistakable evidence, as in this case, that degeneration of the synovial membrane and ligaments has taken place.

Reports of Societies.

TORONTO MEDICAL SOCIETY.

January 6th, 1887.

The President, Dr. McPhedran in the chair.

PATHOLOGICAL SPECIMENS.

Dr. Temple showed the uterine appendages removed on account of purulent salpingitis of both tubes. The patient, aged 33, had been married 11 years, was never pregnant, and began to suffer one year after marriage. During the last year she was almost constantly confined to bed, as any exertion caused severe pain in the pelvis, lasting several days, probably due to circumscribed peritonitis. The patient was thin, and the abdomen was enlarged equal to the fifth month of pregnancy. On examination, the uterus was found to be pushed forwards and upwards, so that the cervix could be felt with difficulty behind the pubic symphysis. The Douglas cul-de-sac was filled with a fluctuating mass. The right tube could be accurately mapped out by bimanual palpation; the left could not be so well outlined. On opening the abdomen, the mass presented the appearance of a fibro-cyst. The structures were greatly matted, the adhesions being separated with difficulty. The right tube burst during separation and about 3viii of pus escaped into the peritoneum. The right ovary was removed—the left could not be found. It had probably become absorbed from pressure. The patient made satisfactory progress, the temperature not exceeding 101°F., usually varying from 99° to 100°.

Dr. Ross exhibited a placenta from a case of twin pregnancy in which the cords, which were attached to the placenta very close together, were inextricably knotted. Death of both fetuses had occurred, evidently some days before birth. One of the children was hydrocephalic, and it was found necessary to puncture the head before delivery could be effected.

Dr. McPhedran presented a stomach, etc., from a case of carcinoma of the œsophagus for which gastrostomy had been done. (The paper appears *in full elsewhere.*)

Dr. MacMahon read a paper on "The Alcohol Question." Scientists of the present day rank alcohol among the starches and sugars as a heat

producer. He claimed for it great usefulness for convalescents, for anæmic persons, for those whose digestive powers are below par, and also for those who are subjected to a large expenditure of nerve-force. No bad effects follow its moderate use. Alcohol-drinking nations are characterized by more intelligence, and better physical development, than are nations of total abstainers. To combat the evils of intemperance the fermented beverages, as light wines and beer, should be substituted for the distilled liquors. Adulteration should be prevented, and the condition of the lower classes ameliorated. Above all he believed in acting on the moral natures of men to induce them to abstain from over-indulgence.

January 13th, 1887.

The President, Dr. McPhedran in the chair.

Dr. Graham read a paper on "Arsenic in the treatment of Skin Diseases." He first considered the negative aspect of the subject, quoting Drs. Fox, Hardway and others as holding the opinion that in *some* forms of skin disease, principally those of an inflammatory nature, arsenic was not simply useless but positively harmful. From the positive point of view, the writer of the paper dealt with the effects of arsenic on the skin in causing degeneration and partial dissolution of the protoplasm of the cells. The epidermis separates and desquamates, and the cells of the Malpighian layer are loosened and separated from one another; in short, arsenic causes a mild inflammation of the skin, hence, it is contra-indicated in acute affections. In small doses it beautifies the complexion, but if given freely it may cause a brown discoloration; bullous eruptions have also been attributed to the use of arsenic. Part of the beneficial action of arsenic may be due to its action as an oxygen-carrier, arsenious acid having the property of absorbing oxygen to form arsenic acid, and then returning to its original form by giving up the oxygen. The author had found arsenic to be very useful in psoriasis guttata, not so good in psoriasis diffusa, and positively harmful in the congestive form of this disease. In eczema it is not of such general use, as it is injurious in acute cases, though it is of some service in the chronic forms with scaling. Though children bear comparatively larger doses of arsenic than adults, they are more liable to pneumonia and bronchitis from its use

than adults. When eczema is malarial in origin, the arsenic may be given with much benefit.

Hutchinson reports 26 cases of pemphigus chronica cured by arsenic. It is, however, useless in the foliaceous form of this disease. It is useful in chronic urticaria and erythema nodosum. Benefit will follow its use in alopecia following typhoid fever and syphilis, but not in areata. Acne indurata is benefited. In the malignant diseases of the skin, such as multiple sarcoma and epithelioma, arsenic is very useful, especially in the form of Donovan's solution.

Discussion.—Dr. Reeve had found arsenic useful in the furuncular habit in patients so affected.

Dr. Sweetman had used it with marked benefit in two cases of keloid.

Dr. Ghent related a case of psoriasis of nine years' standing which had been cured by giving a course of brisk purgatives, extending over a period of three weeks, and followed by a tonic of ferri carb. and port wine. Pot chlor. was also given freely. The external treatment consisted in a wash of pot. carb. to dissolve the crusts, followed by the application of thick rice water, which formed a thin wax-like or gelatinous layer which excluded the air. Complete cure took place in about two months.

HURON MEDICAL ASSOCIATION.

January 11th, 1887.

The Association met in Seaforth, the President, Dr. J. Campbell, in the chair.

Dr. Graham, of Brussels, read a paper on Floating Kidney, and presented a patient before the meeting. The patient, a middle-aged lady, had consulted Dr. G. for a swelling in the situation of the right kidney. She complained much of dragging pains, loss of appetite, and dyspeptic symptoms; vomited often, was debilitated, and had bronchitis. There had been great irritability of the bladder, but the uterine system was healthy. The medical men present examined the patient, and agreed that it was a case of movable, or floating kidney. The treatment, as outlined by Dr. Graham, was approved of, viz., to treat the symptoms as they arise, such as indigestion, anæmia, phosphaturia, etc., advising the patient to refrain from straining or violent exercise, and applying an

elastic bandage or truss with a well-fitting pad to retain the misplaced organ in place.

Dr. Campbell, of Seaforth, presented a case of Ichthyosis, which was examined by those present. The disease appeared in the form known as xeroderma, the skin being harsh, rough, dry, and a large surface covered with branny scales. The treatment recommended was alkaline baths, followed by glycerine inunctions, or by tarry applications to check all growth.

Dr. Smith, of Seaforth, brought before the Association, for examination, an interesting case of a young man, apparently in good health, but having an enlargement of the left testicle. The slightest pressure on this testicle excited most painful spasms, and continual manipulation rendered the organ so sensitive that the slightest touch would cause him to cry out. Directing the patient to lie with his face downwards, pressure along the spinal column caused no pain until the two lower dorsal vertebrae were reached. Slight pressure here caused spasms of the left side. This had been thought to arise from the abnormal condition of this testicle. He had been treated with large doses of pot. brom. combined with pot. iodid. The question arose as to whether there was likely to be malignant disease of the testicle. But the length of time since he had first noticed the enlargement (four years) rendered this improbable. It was thought better to continue the treatment as above and not to resort to operative measures at present. Electrolysis was mentioned as likely to be useful in the case.

Dr. Worthington, of Clinton, presented an intractable case of ulceration of the leg, in an old gentleman, for which the persistent wearing of a Martin bandage was recommended.

Dr. Elliott, of Brucefield, mentioned a case which had but recently occurred in his practice, in which a miscarriage was taking place, but the uterus being slow to throw off its contents, he had injected hot water at a temperature of 120° F., into Douglas' cul de sac, with the result that uterine contractions were excited so that the ovum was expelled without further delay.

Dr. Nichol, of Bayfield, reported a case diagnosed as enlargement of spleen, occurring in a man aged fifty, which he had first seen in July last. The treatment pursued had been all that was recommended in such cases, but nothing

seemed to be of any avail, and the patient died six months after the enlargement was first noticed. The enlargement reached to within a finger's breadth of the pubis, and about two inches over the median line of the abdomen. Dr. Smith, who had seen the case, agreed with Dr. Nichol's treatment, but expressed regret that a post mortem examination was not allowed.

Dr. Graham recollected a somewhat similar case, in which those who saw it diagnosed splenic enlargement, but the post mortem showed that it was a case of spindle celled sarcoma of the kidney.

Dr. Smith read the notes of a case of dilatation of the stomach, arising from cancer of the pylorus. A report of this case will appear in the next number of the LANCET.

A resolution of condolence expressing sympathy with Dr. W. Sloan, of Blyth, in the sudden death of his son, Dr. A. M. Sloan, of Listowell, was carried unanimously.

The following officers were elected for the ensuing year: Dr. W. Graham, Brussels, *President*; Dr. Young, Londesboro, *Vice-President*; Dr. Smith, Seaforth, *Secretary*.

BRANT MEDICAL ASSOCIATION.

A meeting of the Brant County Medical Association was held in Brantford on the 2nd ult. The following members were present: Drs. A. J. Henwood (President), Philip, Griffin, Digby and Secord, Brantford; Dr. Addison, St. George; Dr. Sutherland, Paris; Dr. Dee, Onondaga, and Dr. Johnston, Burford.

Dr. Heath, Brantford, was elected a member of the Association.

Dr. Digby gave the details of a case of fracture of the pelvis and dislocation of the thigh.

Dr. Philip showed a specimen of fibroid tumour of the uterus, which he had recently removed, and gave the history of the case. He also reported a case of congenital torticollis in a child and described the apparatus employed.

A discussion took place upon the undue prevalence of typhoid fever and diphtheria at present in this city and county.

The notice of motion given at last meeting in reference to change of date of meeting was adopted.

Dr. Rosebrough, Hamilton, will read a paper at the next meeting.

The association adjourned to meet in Brantford on the first Wednesday in March.

Selected Articles.

SOME PRACTICAL SUGGESTIONS ON THE TREATMENT OF DIPHTHERIA.

Diphtheria is a common disease, and it is one of the most fatal. As one illustration of many, in five years there were 17,193 cases in New York alone and 7,293 deaths. It is a disease that every physician will be called to treat sooner or later, and being called must act promptly. This is not the place for a long essay upon the different theories of diphtheritic contagion and progress; rather let us enter at once upon the discussion of the practical questions involved in conducting the disease to a favorable issue.

Let me very briefly sketch the manner of invasion according to conclusions which seem most reasonable and are by many accepted:

1. Diphtheria is contagious—or rather contagious, and of parasitic origin.

2. It is most readily implanted upon a mucous membrane denuded of its epithelium.

3. It is probably always local in its incipency, sometimes becoming rapidly systemic, though in rare cases apparently systemic from the beginning.

To further explain rather than to argue these propositions, let me say that the best protection against diphtheria is a mucous membrane entirely healthy; and an ordinary acute or subacute laryngitis or pharyngitis is a condition favorable to the implanting of the diphtheritic germ. When the epithelial layer is intact the diphtheritic germ finds no foothold, but when there is an abrasion or denudation of the lining membrane, the diphtheritic bacteria first attach themselves to the surface so prepared for them. This is the local period of the disease and no micrococci are found in the blood—there is no constitutional symptom. Sometimes, though there may be rapid surface involvement, and free formation of the characteristic membrane, there may still be little absorption of the diphtheritic virus.

Many of these almost purely local conditions suggest a doubt as to their specific nature. It is well to give the patient the benefit of the doubt and to treat urgently all suspicious looking exudations upon the surface of the respiratory tract. Practically, a certain number of cases of diphtheria are constitutional from the beginning, the point of infection being in some recess of the naso-pharynx or larynx, and easily overlooked—or is beyond the range of vision. I am not sure but that in-

fection may occur from primary invasion of the membrane of the alimentary canal. Klebs, in the second Congress of the German Physicians, speaks of a diphtheritic involvement of Peyer's patches, resembling the reticular appearance in the earlier stages of typhoid. In by far the greater number of cases the rapid multiplication of the bacteria—whether spherobacteria as are found in severe cases, or whether short and slender rods as in milder cases—produces an inflammation of the mucous membrane, exudation takes place, the epithelial cells die and the bacteria pass into the blood and rapidly multiply throughout the circulation. Even should we deny with Beale, that the contagium is bacteria, we still must admit that the hypothesis of local infection furnishes the most rational explanation of the sequence of symptoms.

Granting this, we have two purposes in treatment in the early stages of diphtheria:

1. To destroy or render harmless the local manifestation of the disease.
2. To increase the power of resistance in the general system to infection.

In dealing with the false membrane all measures which would tend to irritate or injure the air passages, should be avoided. There should be no tearing away of the exudation, or application of caustics—nor do I think that, except in cases where there is only a small, well defined patch of membrane, the use of the galvano-cautery will prove expedient. To prevent absorption, not only should we avoid making new abrasions in the throat, but I have thought it wise, as far as possible, to cover up those that already exist.

First of all, it is well to remove from the nasopharynx, or pharynx, if that be the site of invasion, whatever of accumulated mucus and debris there may be. This may be readily done by means of a small syringe, and a weak solution of salt water, or of Listerine. This may be used either through the nostril or directly in the pharynx. To loosen the attachments and hasten the resolution of the diphtheric membrane many means have been advocated.

When the patch can be reached, a solution of papayotin may be applied; or better still, one of trypsin. This last used in solution, as suggested by Fairchild and Foster, or still better, a few grains with one or two of bicarbonate of soda, made into a paste with water and spread upon the diphtheric patch, is the most rapid solvent I have known. If the local disease is beyond the reach of such an application, an alkaline solution of trypsin may be sprayed into the nose or larynx.

After several applications of trypsin within the hour, a still further attack may be made upon the local disease. Having used more or less freely most of the germicides, astringents and antiseptics commended in the treatment of diphtheria, I

have abandoned all else for a solution of equal parts of the tincture of the chloride of iron and glycerine. I have cause to consider this, when well applied over the entire extent of the diseased surface, an almost complete bar to the progress and absorption of the diphtheric virus.

1. If the potency of the disease lies in the rapid multiplication of bacteria, so strong a chloride solution is certainly indicated.

2. If absorption takes place through the abraded surfaces and "mouths of lymphatics open," as stated by Oertel, we would from *a priori* reasoning, expect some good from the local use of iron, while the glycerine may be something more than a mere vehicle, in that it may by affinity relieve to some extent the turgid capillaries of the mucous membrane. The application should be made frequently.

Let me say, in urging the efficacy of this agent, that for two years I have not seen a case of diphtheria die where the whole of the false membrane could be seen and repeatedly covered with this solution and where appropriate general treatment was given. Thrice within the last week, and many times during the past year, I have seen the characteristic membrane shrivel up and become detached under the influence of the iron and glycerine.

When the local attack is out of reach of the direct application by means of the brush, or better still, the cotton covered probe, the case is very different.

When the invasion is in the naso-pharynx, or in the larynx, the result may well be dreaded. Even in such instances I believe the best procedure is to apply the iron locally by spray and where possible by the cotton covered probe.

The covering in of the diphtheric patch with tolu varnish, as recommended by Mackenzie, may follow the thorough use of the iron solution, and is doubtless protective.

Not only is local treatment important, but it is important to institute it early. The physician should be called at once in every case where there is a doubt. Parents should feel that they are responsible for delay, and that delay is exceedingly dangerous. Many cases that during the first twenty-four hours are easy to treat and curable, are a little later beyond the reach of the most skilful.

A few words as to general treatment. Here, too, I have no sympathy with halfway measures. First of all, in every case, I nearly always counsel the administration of enough of calomel and soda combined to thoroughly evacuate the alimentary tract. It empties the canal of any accumulated material, it stimulates important secretions, and with Ritter, though not to the extent to which he advocates it, I believe it has a favorable influence upon the general condition. At least it clears the

decks for action. As soon as the bowels of the child have been well moved, and sometimes not waiting for that, the internal use of the iron and glycerine solution (the same as that used in the throat) may be begun; for we need not fear any chemical reaction. To show that others are falling back upon this well known agent, let me quote from an editorial in a recent issue of the *New England Medical Monthly*: "It is interesting and somewhat gratifying to note that after each excursion into the domain of experimental medicine, the profession invariably returns to the older and more effective method of treating diphtheria, which consists of tonic doses of the tincture of iron and a system of extreme nourishment."

To anticipate and antagonize general invasion, the general as well as the local treatment should be instituted early. Where the symptoms demand I prescribe two drops of the iron and glycerine solution for each year of the child's age, in a little water every two hours, and midway between each dose the diphtheritic patch is to be touched or sprayed with the solution. Thus there is an opportunity for the ferric solution to be brought in contact every hour with so much of the diseased membrane as is in the pharynx.

I have not discussed much of the poly-treatment of diphtheria as practised to-day—nor have I time to outline the emergencies which may arise, as I had thought of doing. My object has been to propose a plain and direct method of treatment which anyone may use and which is not an experiment.

Many other remedies are often to be added. Pilocarpine, when the skin is dry and there is spasmodic laryngeal contraction; quinine, when the fever is excessive; steam from slacking lime, when respiration is labored and the respiratory tract dry; and tracheotomy or intubation when the larynx is greatly obstructed.

Let me, in conclusion, suggest that the physician demand of the people among whom he practices, that they call him at once when suspicious symptoms are observed, and that he answer quickly, act promptly, and see that his instructions are implicitly obeyed. To treat diphtheria is to fight a battle—there should be no delays, surprises nor compromises.—*Dr. Porter, Jour. Am. Med. Asso.*

CHRONIC PURULENT OTORRHOEA; ITS NATURE AND TREATMENT.

A chronic purulent or muco-purulent discharge from the ear is usually the result of inflammation of the mucous membrane of the middle ear, and, as such, implies the existence of a perforation in the membrana tympani through which the purulent matter escapes into the external auditory

canal. The perforation in the membrana tympani is usually in that part of the membrane below a line drawn nearly horizontally through the short process of the hammer—i. e., in the so-called membrana vibrans. In some rare but very important cases, the perforation is in the flaccid membrane, or the membrane of Shrapnell, which lies above the short process of the malleus. Chronic otorrhœa is both common and important, is met by all practitioners of medicine, and demands, therefore, their careful attention, both on account of the annoyance its presence gives the patient, and the danger to hearing and life which lurks in its persistence in the middle ear. Chronic purulent otorrhœa generally begins in childhood. The original cause of otorrhœa is chiefly naso-pharyngeal, and Eustachian tubal catarrh, induced by coryza, teething, and the acute exanthemata. Teething, by inducing a reflex irritation in the middle ear, leads practically to catarrhal inflammation of that cavity, perforation of the drum membrane, and the establishment of a chronic running. Purulent inflammation of the middle ear is almost invariably preceded by pain, and often constitutes the cause of earache in children.

Among the causes producing purulent otorrhœa in adults, must be named swimming and diving in cold water, plunging the head under cold water, washing the head and allowing it to dry in a draught of air, and also the use of cold water in the nasal douche, and the inhalation of various patent powders, snuffs, and fluid preparations advertised for the cure of nasal catarrh.

Tuberculosis of the lungs is also a cause of subacute and chronic purulent otorrhœa. This form is characterized by little or no pain, by its tendency to affect the posterior and upper parts of the drum membrane and cavity, and by its resentfulness of all forms of treatment but the mildest. It is supposed to be due to reflex inhibition of vasomotor power in the arterioles of the ear, supplied by the carotids. The irritation which thus acts reflexly is in the diseased lung. The irritation, passing by the pneumogastric to the sympathetic system in the neck, inhibits influence over the carotids. Passive dilatation ensues in this vascular tract, and those parts of the membrana tympani and middle ear supplied by it, undergo passive congestion and inflammation of a low form, without much or any pain, the purulent matter ruptures the membrana, and an otorrhœa, chronic from the outset, is established. The tendency to chronicity in all aural discharges is favored by the difficulty of keeping the ear clean, and by the improper treatment so often instituted. The exposure, too, of the mucous lining of the drum cavity to the atmosphere, by means of the perforation in the membrana, irritates the mucous membrane, and promotes further inflammation.

If chronic purulent discharge from the ear is associated with and kept up by chronic catarrh in the naso-pharynx and the nares, the rhinitis must receive due attention, or the discharge will not, without great difficulty, be checked. The natural tendency of chronic purulent disease in the drum cavity is to impair the hearing. After the destruction in the membrana, disorder in the ossicles, impairment of hearing, and the establishment of a chronic purulent otorrhœa, the disease may continue uneventfully on this plane for years.

These are the neglected cases, tending to the development of granulations and polypi upon the *mucous membrane of the cavity of the drum*. As these form in the diseased ear, the discharge increases in quantity, and the hearing grows duller. Inspection now reveals a polypus, or perhaps two, with distinct pedicles. Or, if these have not yet formed, granulations are seen, which more or less obscure a view of the drum membrane. Aural polypi vary in size, from a buckshot to a large marrowfat pea; or, if old, and sufficiently compressed by the auditory canal, they assume the shape of the latter, and finally extend from the meatus, after attaining a length of one and one-half to two inches. Instead of the formation of polypi, the purulent disease may be more destructive, and produce death of the muco-periosteal membrane in the drum cavity, and of the subjacent bone. The death of osseous tissue in the aural tract may take place in the tegmen tympani, just beneath the brain, or in the so-called antrum of the mastoid cells. When the tendency of this disease has brought about necrosis in the regions named, the affection has assumed a most serious aspect, because a fatal issue may now be induced at any time by either an embolic process in the brain, the lungs, or the liver. Prior to this course, a fatal meningitis may be set up by an extension of the disease through the roof of the drum cavity, or through the fenestræ, and thus into the labyrinth and brain, or the necrotic disease having passed into the mastoid cells, the lateral or sigmoid sinus may be affected, and purulent phlebitis at this point aroused. A clot then may be formed in the sinus, pieces of which enter the circulation, and thus an embolic process established at some vital point.

In chronic otorrhœa, warnings of the unfavorable advance of the disease are given, by facial paralysis, violent ear pain, with fever and delirium, and inflammation within the mastoid cells. Facial paralysis indicates an invasion at the upper and back part of the drum cavity, and meningitis may ensue. Inflammation of the mastoid cells is more likely to be followed by phlebitis of the lateral sinus and its consequences. Cases of chronic otorrhœa with mastoid inflammation, and phlebitis of the lateral sinus, sometimes terminate fatally by embolism in the lung or liver, without any

cerebral disease. Patients should be encouraged to have aural discharges stopped as soon as possible, whether acute or chronic. It is an injury to them to foster in their minds the idea that discharges will stop of themselves, or, if not, that they had better continue to run. Abnormal discharges from no other part of the body are allowed to run on disregarded, and, surely, discharges from the ear should not be, for they are as amenable to proper treatment as those elsewhere, and if neglected, may become serious. From the deep and peculiar situation of the drum cavity, purulent discharges from this part of the head are likely to be retained, and to undergo decomposition. This favors continuation and extension of the disease, and the muco-periosteal nature of the tissue in which the affection has its seat renders death of the subjacent bone imminent, with consequent involvement of the cranial cavity. The patient, therefore, should demand of his physician an intelligent consideration of such a malady.

Treatment.—The first consideration in the treatment of chronic purulent otorrhœa is cleanliness and cleansing. Cleanliness is demanded in order to prevent decomposition of the discharge in the ear, and septic influences from such a nidus. Cleansing the ear is necessary to enable the surgeon, to make a diagnosis of the condition of the fundus and the membrane and in order to prepare the ear for treatment.

Cleansing the ear is best accomplished by the surgeon, and should very rarely, if ever, be entrusted to the patient. It is best effected by syringing with tepid water, either with or without a disinfectant, if the discharge is copious and tenacious. If, however, the discharge is neither copious nor thick, the ear can be cleansed by a small dossil of absorbent cotton on the cotton-holder. Failure in this procedure is often attributable to the use of too thick a pledget of cotton. This should not be more than five centimetres in diameter. If it is larger it gets wedged in the meatus or in the canal, the fundus is not reached, or only with difficulty, and after pushing, which is painful to the patient, abrasion of the canal, or even of the deeper parts of the fundus and the membrana, may ensue. The syringe may be employed without illuminating the ear by the forehead mirror, but the proper and successful employment of cotton on the cotton-holder can be done only under the best illumination of the auditory canal by the forehead mirror. In infants and very young children, with very narrow meatuses, cleansing is most conveniently done by syringing with warm water, the return current from the ear being caught in a towel, held beneath the auricle. After syringing, the water must be carefully mopped out of the fundus of the canal by absorbent cotton, in order to gain a view of the diseased parts, otherwise the refraction of the water will give a very

distorted view of the objects seen through it. Cleansing the middle ear is furthered by using some form of inflation of the tympanum. After the first cleansing of the external auditory canal and its fundus, the surgeon should find out whether the perforation is above the so-called folds, of the membrana flaccida or below the folds, in the membrana vibrans. Sometimes a perforation exists in both these portions of the membrana tympani at the same time; but this is not common. It is highly important to determine in which of these parts of the drum membrane the perforation lies, since the treatment must be modified by the position of the perforation.

Let us first consider those cases in which the perforation is large and in the lower part of the membrana, the membrana vibrans. These are the most frequent. Earache from acute inflammation in the tympanic cavity, in such chronic cases of purulent otorrhœa, must be combated by gentle warm-water syringing or irrigation, and in protecting the inflamed mucous membrane with insufflation of powdered boric acid. These insufflations and all others can be done either with the blow-tube, on the principle of the blow-pipe, or by the hand powder-blower. In those cases of acute inflammation in chronic otorrhœa with large perforations in the membrana, the pain can often be allayed by the use of instillations of cocaine, because the perforation in the membrana permits the entrance of the solution into the drum cavity, and its ready contact with the mucous membrane. Cocaine solutions instilled into an ear with imperforate membrana tympani are impotent to quell pain in the ear. They also seem valueless even when the membrana contains a small perforation, because they still seem to fail to reach the inflamed mucous surface. If coryza is present, as it is apt to be, in these acute attacks in chronic otorrhœas, it, of course, must not be disregarded. The prognosis in these cases is favorable as to restoration to a relatively normal or healthy state, if the subject is in ordinary health.

It is in these cases of purulent otorrhœa with large perforations in the membrana tympani, that preference should be given to the so-called dry treatment. In this form of treatment very little water is used for cleansing, and only when the discharge is thick and copious, and hence not easily removed by absorbent cotton. The reason for this preference of dry treatment is that the use of water favors the continuance of the discharge charge in many cases, promotes a tendency to the formation of granulations and polypi. If syringing the ear is to be done, it must be carried out by the surgeon, and not entrusted to the patient. After the ear is cleansed by either of these methods, some form of boric acid, finely powdered, should be employed by insufflation. This enters the tympanic cavity, and hence comes in direct contact

with the inflamed mucous membrane. It remains there more readily than fluid preparations and hence acts longer. The beneficial effects are due to the antiseptic properties of the boric acid, and to the protection the layer of powder gives to the mucous membrane. If this dry treatment does not give entire satisfaction, as it may not or will not if granulations or ulcerations exist beyond the reach of the powder thus blown in, resort may be had to instillations of astringent and antiseptic solutions, as silver nitrate—not less than forty grains to the fluidounce of water; or carbolic acid solutions from three per cent. to five per cent. in strength. These are to be put in the ear after it is cleansed, and followed by a dressing of insufflated boric acid, either in simple or in compound powder.

In cases of chronic purulent discharge from the attic of the tympanic cavity, with perforation only in the membrana flaccida, the dry treatment cannot be relied upon, because of the smallness of such perforations, and the consequent inability of the surgeon to blow the powder into the diseased cavity. In these cases the treatment consists in the application of solutions to the attic, through the perforation, by means of the tympanic syringe. The long slender nozzle, six centimetres long by one millimetre in diameter, must be conveyed, under illumination by the forehead mirror, down the auditory canal to the seat of disease. I have found the best results to follow the use of injections of a three per cent. solution of carbolic acid, by this means, into the attic cavity of the tympanum after thorough cleansing of the attic by injections of hydrogen dioxide, which thoroughly removes all pus. They do not tolerate nitrate of silver. It is well to follow these applications by insufflations of boric acid into the fundus of the auditory canal. For, though they cannot reach the attic unless the perforation be large, they have an antiseptic effect about the perforation and the rest of the outer surface of the membrana tympani and the fundus of the canal.

Cases of chronic purulent disease in the attic are difficult to treat, on account of the bad drainage from those parts above the ossicles, and because of the small perforation usually found in the membrana flaccida. They are also dangerous to the life of the patient, because the disease lies near the tegmen tympani, directly beneath the brain. Natural deficiencies in the bone at this point exist so frequently, that the meninges and the mucous membrane of the roof of the drum cavity are often in apposition.

In order to facilitate better drainage of purulent secretions from the attic in chronic disease, and more efficient medication, especially by the insufflation of powders, Dr. Sexton has suggested, and frequently performed, when the membrana is largely destroyed, an operation for its removal, and then that of the malleus and incus, or their remnants.

The fundus is then treated with a powder of salicylic acid and boric acid, until a dermoid cicatrization ensues. This operation is applicable to chronic attic disease, *without perforation of the membrana flaccida*, but with large destruction of the membrana vibrans, in which the diseased malleus and incus interfere with drainage of the attic, downward into the atrium. In any case of chronic purulent otorrhœa, so long as we can detect no lesion beyond impaired vibration in the ossicles, with defective hearing, as a consequence of the chronic disease in the mucous membrane, the cure of the affection may be considered as probable, excepting in tubercular cases far advanced in pulmonary disease. By curing the purulent disease of the mucous membrane, the growth of granulations and polypi, and the occurrence of necrosis and caries of the adjacent bone, are prevented. If, however, the ear has not been treated, or improperly treated, granulations and polypi may be found, with impairment of the hearing. The granulations are best removed by touching them, and only them, with chromic acid, carefully conveyed to their surfaces on a small cotton tuft, not more than two millimetres in diameter, on the cotton holder, under perfect illumination of the canal and fundus by the forehead mirror.

If polypi, with distinct pedicles, have grown from the mucous surface of the middle ear, and extend into or from the perforation in the membrane, they must be extracted with the polypus snare, and their pedicles touched every day or two, until they disappear. These are entirely curable, and the discharge from the ear usually ceases after the removal of the polypus and the destruction of its roots, and the hearing improves. The removal of the polypus, without subsequent treatment and destruction of its pedicle, is useless. Instead of this conservative, hypertrophic action, on the part of the mucous membrane, it may slough, leaving the subjacent bone bare. The latter then dies, either superficially or in its profounder parts, and some of the evils I have sketched are experienced by the patient. In some cases of profound inflammation and ulceration of the mucous membrane of the drum cavity, denuded bone can be felt with a probe, and crumbs of bone are thrown off with the aural discharge. But with the improvement in the condition of the ear, these particles of dead bone cease to appear, and denuded bone can no longer be felt. In such cases the ear should be syringed once daily, by the surgeon, with tepid water, in which salt or potassium permanganate may be placed. Or the ear may be syringed with weak solutions of corrosive sublimate, 1 : 1000, carbolic acid five per cent., or with undiluted hydrogen dioxide. This drug has the great advantage in breaking up and removing all pus, and of informing the surgeon when this is accomplished, by the cessation of foaming, which

ensues as soon as there is no more pus, with which it makes the frothy reaction. Thereafter the ear is to be dressed with the powder of boric acid already named. Cleanliness and antiseptics, with attention to the general condition, form the guiding motives in the treatment. If sequestra form, they should be removed if possible.

In many cases, indeed, I am inclined to say in most cases, necrosis of the temporal bone from chronic aural purulency, operative interference is well-nigh useless. Unless it be the mastoid cortex, all other parts of the auro-temporal surface are extremely difficult to operate upon, and surgical interference becomes a dangerous undertaking. Again, when the surgeon is consulted in cases of intracranial disease, or systemic septicæmia, arising from chronic purulent disease and necrosis in or about the ear, the patient is beyond aid. To trephine for cerebral abscess, which has resulted from chronic aural disease, is to operate on a moribund patient, and to hasten surely the fatal issue. The time to aid such a sufferer was when the chronic purulent otorrhœa could have been checked, and before it had induced necrosis of bone, or embolism. In my opinion, there never is a moment, after the cerebral abscess is formed, that an operation for its relief is justifiable, excepting, perhaps, in those instances in which a sinus can be found leading to it from the mastoid or squama. In regard to mastoid trephining, for so-called mastoiditis and periphrlebitis of the lateral sinus, my opinion is much the same.

A chronic purulency in the tympanic cavity may gradually and painlessly affect the mastoid antrum, its cells, and its outer cortical as well as its inner wall, the latter being the outer wall of the lateral sinus. This diseased state in the furrow of the lateral sinus is of the most serious import, but an operation on the mastoid cortex cannot arrest its progress or remedy its effects. Too often, when pain in the region of the mastoid is felt, and other well-known symptoms of so-called mastoiditis arise, the pain is really due to inflammation in the lateral sinus, or deeper parts, from such chronic disease in the bone, and not to matter pent up in the mastoid cells, which a perforation in the mastoid can relieve. I am forced to such conclusions, because fluid matter from the drum cavity and mastoid antrum can escape, in most cases, from the external ear. Also, because in many cases of pain in and about the mastoid, with symptoms which are supposed to justify trephining its outer cortex, the cavity has not been found filled with fluid matter seeking an escape, but with some inspissated pus at most; while periphrlebitis in the lateral sinus has been discovered, having its origin from the neglected tympanic disease, which trephining is powerless to cure. Even if the mastoid cortex and cavity are found diseased, an operation upon them will do no

good if the lateral sinus is diseased, and perhaps the seat of a clot. In many cases of tumefaction behind the ear, in painful acute inflammation in chronic cases, Wilde's incision does give great relief. And in some such cases where this incision has been followed by perforation of the bone, and relief and apparent cure have followed, it has been because there was no disease in the inner mastoid wall and the lateral sinus. In such cases the local depletion gave the relief, and the mastoid perforation was purely gratuitous. Hence, in acute cases of otitis media, great care should be taken not to resort precipitately to mastoid trepanation. In chronic cases it is of value in very few instances, and the indications for its employment are not well defined. In many cases the mastoid becomes œdematous, brawny, shining, sensitive to both deep and superficial pressure, and painful to the patient. These are often relieved by poulticing and leeching, without even Wilde's incision. Sometimes, if let alone, they undergo speedy resolution. If the lateral sinus has not been invaded, there is no need of haste. If it has been attacked, mastoid trephining will certainly not check it.

It must not be forgotten that many instances of pain and swelling about the mastoid are due to congestion and swelling in its mucous lining, and in that of the middle ear and mastoid antrum. The circulation both within and without the mastoid is then impeded, and swelling, œdema, and tenderness of its outer surface are the result. Hence, the relief obtained sometimes by spontaneous resolution, or by artificial depletion over the cortex of the mastoid.—Dr. Burnett, in *The Polyclinic*.

FEEDING AFTER SURGICAL OPERATIONS.

The experience which I have endeavoured to reduce to practical form, on the subject of nourishing patients after surgical operations, has been derived chiefly, of late years, from what I have done and seen done in abdominal surgery and in the various gynecological operations. I believe, however, that the subject is one of interest, not only to the general surgeon, but also to the general practitioner. The surgeon should not consider his responsibilities at an end with the performance of a given operation, but should extend his care and supervision to all the details of the after-treatment, the first and chief of which is the proper nourishment of the patient until convalescence is established.

After all capital operations, especially those involving wounds of the peritoneum, the question of nourishment is one of vital importance; and by nourishment may here be understood the use of

both stimulants and food. The administration of stimulants in case of shock or collapse, hypodermically or otherwise, need not be considered in this connection. Let us suppose, for example, that the operation of ovariectomy has been performed, and that the patient has rallied from the anæsthetic. The question arises, When shall food and stimulants be given, of what shall they consist and how and when shall they be administered, in what quantity, and with what frequency?

My own opinion is that nothing whatever should be given for the first twenty-four hours, except, perhaps, a very little water, unless the patient is very weak, in which case a little brandy may be added. If there is a tendency to vomiting it is better to give the stomach and the alimentary canal *absolute rest*, and even a teaspoonful of water or a morsel of ice, especially the latter, will sometimes be sufficient to excite peristalsis and disturb that rest. If the retching is persistent, and something must be given to combat it, very hot water in small quantities often answers well. After twenty-four hours, if vomiting continues a little black coffee, strong tea, iced champagne, or koumyss may be cautiously tried. If they are rejected it is best to wait two or even three days. Occasionally a patient's fancy may be indulged as to what will, as the phrase is, "settle the stomach." I have known lager beer to be retained when everything else had been tried in vain. When the stomach will retain food, it is well to begin with koumyss, in half-ounce doses, repeated every two hours. If the patient is thirsty, an equal quantity of water may be given in the intervals. In place of koumyss there may be given peptonized milk, milk and lime-water in equal parts, or milk and Vichy, or clear beef-tea, or water in which the white of an egg has been mixed, or barley-water. Whatever is given should not exceed in bulk half a fluidounce. When the stomach is very irritable only one or two fluidrachms should be given at first. Where none of these things agree, brandy, or whisky, or champagne sometimes answers well. As the stomach bears it, whatever is found to agree best in the way of food is administered at longer intervals and in larger quantity. It is impossible to rule lay down one for all patients. Those who are stout and robust bear abstinence from food much better than those who are weak or anæmic, but even the latter suffer much less than is often supposed from two or three days of fasting.

It will be found, as a rule, that after prolonged anæsthesia the stomach is proportionately longer in recovering its tone. The object aimed at during the first ten days is to sustain the patient's strength with food which will leave the smallest residue in the alimentary canal, which will not cause flatulence, and which will be as far as possible agreeable to the patient. Koumyss or peptonized milk will answer these indications in a larger number

of cases than any other form of food. The German operators, Hegar among others, depend chiefly upon small quantities of water and sour wine for the first three days. Where patients have a marked aversion to milk or any of its preparations, clear, freshly made beef-tea may be substituted for it. The administration of stimulants is generally necessary only until food can be digested, and when that point is reached they may safely be discontinued, unless the patient is very feeble. In private practice, or where the patient is not entirely under the control of trained and obedient nurses, it is very difficult indeed to secure absolute rest for the alimentary canal. As a rule, overfeeding and overstimulation are much more to be dreaded than the reverse.

The method of nourishment described is subject to variation according to the amount of pain, the quantity of morphia administered, and any rise in temperature. After four or five days have passed without any bad symptoms, and the bowels have moved, food may be increased in quantity, great care being exercised until the end of the second week. During the second week stale bread may be given with milk or other nourishment, but no other solid food. Vegetables and fruit are to be especially avoided, and even soup or broth having vegetables cooked in it. Rectal alimentation should be resorted to early if the patient is very weak or the stomach very intractable. Stimulants may be given in this way early, using strong beef-tea as a vehicle. Half an ounce of brandy, two ounces of beef-tea, and ten grains of quinine, given every three or four hours, often proves of great value in extreme debility. Where the stomach continues to reject food, systematic rectal alimentation should be resorted to after the second day. I have not much faith in milk in this form of nourishment, but prefer some preparation of beef. Strong beef-tea peptonized, beef peptonoids, and the preparations of blood, all have their value. In critical cases, where nourishment by the rectum is the chief dependence, I have found nothing so satisfactory as a mixture of the pulp made by scraping raw beef with half of its bulk of pancreatic emulsion (Savory & Moore's). This mixture is allowed to stand in water considerably below the boiling-point until it assumes a homogeneous chocolate-like appearance. It should be prepared freshly each time, and two fluidounces of it administered not oftener than every four or five hours. It should be carried carefully, by means of a small flexible tube, well above the internal sphincter, and injected very slowly with a hard rubber syringe, gentle pressure being maintained for some time after the syringe is withdrawn to prevent its rejection. If quinine or opium is indicated, it may be given in the emulsified beef, but it is better not to add to it alcohol in any form. This method of nourishment, carefully carried out, may be made

to sustain and increase the patient's strength, if necessary, for two weeks or longer, the stomach having in the meantime, absolute rest. The thirst which is often complained of when the stomach is empty may be allayed by throwing into the rectum four or five ounces of tepid water as often as may be required. The points which I have endeavored to emphasize are these:

I. That personal attention should be given, with precise directions, to the nourishment of patients after all surgical operations, and that too much should not be intrusted to nurses who can have no means of knowing the varying requirements of individual cases.

II. That vomiting is to be avoided by every means in our power, even if it require absolute rest for the stomach for several days.

III. That even appropriate food, where it can be borne, should be given only in very small quantities, and at regular intervals.

IV. That systematic nourishment by the rectum should be resorted to promptly if other means fail or are insufficient.

V. That less food and more water should be given if the patient suffers from fever.

VI. That the dangers caused by vomiting, by flatulence, or by food difficult of digestion, are much more to be dreaded than those due to abstinence from food.

VII. That stimulants are of great value where needed to meet special indications, but may be generally discontinued.—Dr. Hunter in *Med. Rec.*

MANAGEMENT OF TYPHOID FEVER.

Dr. Porcher describes, in the *New Orleans Med. and Surg. Jour.*, his plan of treating typhoid fever.

In addition to the keeping up of the nutrition of the patient by suitable food, and supporting by stimulants, he regards it as a matter of great importance to control the temperature, which he does by the following means:

1. A soft towel, folded, is soaked in a basin of iced water, then wrung out and applied over the forehead and temples.

2. The palm of one hand and the arm are "sponged off" with another towel, which has been dipped in the cold water and wrung out.

3. The towel which has been left upon the head is turned and re-applied, so as to have the cold surface next the skin.

4. The other hand and arm are treated as was the first.

This process, strictly followed, is continued for fifteen to thirty minutes, or until such time as the surfaces treated have become thoroughly cooled, and should be repeated whenever there is a rise of the surface heat. Sometimes, if it does not cause fatigue, both hands and arms, if hot and dry, are

allowed to be immersed or to be bathed directly in the cold water.

This mode of using cold water, he has found efficient and valuable in the treatment of various forms of fever in which the hyperpyrexia was of such a degree as to be regarded an element of danger.

The next most important auxiliary, and one that he regards as essential in every form of fever, is what he calls the "fever mixture," which is composed as follows, though the different ingredients may be varied to suit the case :

R—Spts. etheris nitrosi, ʒss.
Potass. acetatis, ʒi-ij.
Potass. chloratis, ʒj.
Liq. ammon. acetatis, ʒj.
Tr. aconiti, ʒss.
Tr. opii camph., ʒij-ijj.
Aqua, q. s. ad ʒiv.

M. Sig.—Dessertspoonful every two or three hours, as long as there is fever.

Potassium bromide or morphia may be added, if there is great restlessness and insomnia.

Following the recommendation and experience of Dr. L. Kesteven, of Queensland, as recorded in the *Practitioner*, he has in his latest cases given the following formula in alternation with the "fever mixture" already given :

R—Olei eucalypti, ʒv.
Spts. ammon. arom.,
Spts. chloroformi,
Glycerini, āā ʒij.

M. Sig.—Teaspoonful every four hours.

Dr. Porcher generally gives tonic doses of quinine (two grs. three times a day). This has also an antiseptic influence he thinks. The quinine was generally associated after the first week with aromatic sulphuric or nitro-hydrochloric acid in ten-drop doses, in view of the special applicability of acids in this disease when it has made some progress.

In the later stages, characterized by dry tongue and sordes with low muttering delirium, he says that stimulants should be administered *very freely*, together with the application of revulsives (emplastrum cantharidis) to the back of the neck where cerebral complications, delirium, etc., are marked. *As long as the tongue is dry* he would give almost unlimited discretionary powers to attendants and nurses to continue stimulants. He thinks this positive indication has been too little regarded.

He further refers to some remedial agents which are valuable in the complications which arise in this disease.

Oil of turpentine is applicable to meet four separate morbid conditions.

1. Tympanitic distension resulting from perverted conditions of the mucous and secretory surfaces of the intestinal tract.

2. As a special stimulant at the stage of general depression.

3. As an astringent or styptic with opium to prevent or arrest hemorrhages from the intestines, kidneys or bladder.

4. Combined by means of mucilage with the carbonate and chloride of ammonium to relieve the irritation or inflammation of the bronchial tubes when these are affected.

When the later stage of the disease is complicated with severe broncho-pneumonia, the following formula has given him satisfactory results :

R—Vin. ipecac., ʒj.
Ammonii carb., ʒij.
Ammonii chloridi, ʒijj.
Syr. Simplicis, ʒj.
Aqua, q. s. ad ʒvj.

M. Sig.—Dessertspoonful every two hours in a wineglassful of water.

Cotton batting over the whole chest, covered with an oil-silk jacket, he has found most valuable additional means in treating broncho-pneumonia.

For the albuminuria which sometimes occurs, he gives three times a day two grains each of gallic acid and quinine.

For nausea and vomiting he finds most efficient drop doses of wine of ipecac. frequently repeated, or the following :

R—Acidi carbolici, gtt.j.
Glycerinæ, ʒj.
Tr. opii camph.,
Ess. menth. pip.,
Chloroformi pur., āā gtt v.

M. Sig.—In mucilag. acaciæ q. s. and repeat.

Dr. Porcher claims that under this plan of treatment which he has pursued for a number of years, the mortality from typhoid fever in his clientele has been only two to three per cent., a record which is certainly a most emphatic endorsement of his treatment.—*St. Louis Courier of Med.*

FEEDING INFANTS.

Dr. Taaffe, after condemning the practice of either feeding or nursing infants too frequently, gives the following directions: "No infant at the breast, or who is being brought up by hand, should be fed more than once in *three* hours during the day, and twice in the night; after five months old every *four* hours in the day and twice in the night. If brought up by hand, the food should consist only of milk and water, to be sucked from a bottle. For the first day or two (after birth) the proportions should be: milk, one-fourth; water, three-fourths. After the first day or two, and up to two months old, milk, one-third; water, two-thirds; from two to four months old, milk and water in equal parts; from four to seven months old, milk two-thirds,

and water one-third. A dessert-spoonful of sugar-of-milk may be added to each bottle."

We have copied these directions from the otherwise excellent address of Dr. Taaffe, not because they are new, for they are substantially the same as have been given by many writers, and which mothers and nurses have endeavored to execute in their care of infants for half a century at least, but because careful clinical observation over a wide field of practice long since taught us that they contained an error of very great practical importance, namely, the excessive *dilution* of the food of infants. Our attention was attracted to this subject at an early period, and more than thirty years since, in addition to careful clinical observation, we prosecuted investigations, chemical and microscopical, concerning the mother's milk in healthy uncomplicated lactation and also when complicated with menstruation and pregnancy.

Suppose, in applying the rule given by Dr. Taaffe, we commence the day-feeding of a child under two months old at 6 a.m. and end at 9 p.m. and add two feedings for the night, it would allow eight feedings every twenty-four hours. If we allow four ounces for each feeding, which is a large allowance for an infant of less than two months, it would get thirty-two ounces per day of twenty-four hours; four ounces of which would be nutritive matter, and twenty-eight ounces water if it were good mother's milk, and a fraction more if it were good cow's milk. If we may suppose the infant able to appropriate the whole four ounces in the twenty-four hours and lose in the same time by eliminations or waste two ounces, it would grow, or gain in weight, two ounces per day, or at the rate of nearly four pounds per month. But if we comply with the rule and make the milk two parts water to one of milk and still allow the infant four ounces each feeding, or thirty-two ounces per day, instead of four ounces of nutritive material and twenty-eight of water it would have received only $1\frac{1}{4}$ ounce of nutritive matter to $30\frac{3}{4}$ ounces of water; and if, as in the former supposition, the infant lost by elimination or waste two ounces per day, instead of gaining an aggregate of near four pounds per month it would actually have lost one pound and a quarter during that time. And such has been the actual tendency of every attempt we have seen made to literally adhere to the rules given by Dr. Taaffe, although many such have come under our observation during the preceding thirty years.

We have seen scores of these little sufferers soon restored to the condition of quiet, cheerful, thriving babies by simply insisting on their being fed with milk containing the full natural proportion of solid elements, and sometimes slightly increasing these by either boiling enough to evaporate some of the water, or by adding a very little wheat-flour and a few grains of salt while the milk was

boiling. The child thus getting enough nutritious material to supply the demands of its tissues in a less bulk of water yet easy of absorption and assimilation, avoiding over-distention of the stomach, takes long, quiet sleeps, and grows fat and happy.—*Jour. Am. Med. Association.*

MEDICAL NOTES.

A case of *melanæmia* was treated thus: Saturated patient with iron, using the tartrate of iron and potassium, commencing with gr. v and increase to gr. xx ter die. (Prof. Da Costa.)

For *gastralgia* Prof. Da Costa advised an exclusive milk diet and the following:

R Ext. cannabis indicæ, . . . gr. $\frac{1}{8}$
Sodii arseniatis . . . gr. $\frac{1}{10}$

Ft. pil.

Sig.—Ter die.

Prof. Da Costa treated *tinea tonsurans* with the following:

R Hydrarg. chlorid. corros. . . gr. iv
Glycerini . . . f3 ij
Aquæ . . . f3 vj M.

Sig.—Wash parts three or four times daily.

After about three weeks' treatment with 3ss. of ext. ergot. fl., afterward increased to a drachm ter die, a *fibroid of the uterus* was found to have been reduced in size one-half inch, umbilical measurement. The case was shown by Prof. Parvin.

For *constipation*:

R Ext. aloes . . . gr. iij
Ext. belladonnæ . . . gr. $\frac{1}{4}$
Ext. nucis vom. . . gr. $\frac{1}{4}$

Ft. pil.

Sig.—Ter die (Bartholow).

Constipation occurring in those of a hysterical type, Prof Bartholow often treats with the pil. aloes et asafœtidæ.

To promote *diuresis* the following will prove effectual:

R Potassii acetat. . . gr. xx
Tinct. zingiberis . . . gtt. x
Elix. simplicis . . . f3 j
Aquæ q. s. f3 ij M.

Sig.—Every three hours (Da Costa.)

Prof. Bartholow states, that it is said that a one to two per cent. solution of carbolic acid hypodermatically will do good in arresting advancing *erysipelas*. Its action, no doubt, is due to the destruction of the organism upon which the disease depends. Do not use in the facial form.

In a recent clinic Prof. Da Costa presented to the class one of those rare cases known as Raymond's disease or vaso-motor spasm. The man had swollen fingers, blue and painful, the same thing

existing in the toes. When parts are moved the pain lessens. Blood had oozed from under the nails—the heart was irregular in rhythm, and also there was found a slight amount of albumen in the urine. Being a disease of the nervous system, the following plan of treatment was advised :

R Tinct. digitalis gtt. x
Sig.—Ter die. Increase to gtt. xv.

Also—

R Pil. phosphori gr. ʒss
Sig.—Ter die.

If this is not borne well, give the dilute phosphoric acid.

In *cerebral anemia*, caused by disordered digestion, following a fever, Prof. Da Costa directed the following :

R Acid phosphoric, dil. gtt. xx
Aquæ
Syrup. aa q.s. ad ʒj M.
Sig.—Ter die.

Also—

R Strychninæ sulph. gr. ʒss
Sig.—Ter die.

The following course of treatment was laid down by Prof. Da Costa in a case of pericardial adhesions, *mitral stenosis*, with an accompanying passive congestion of the abdominal viscera :

R Tinct. digitalis gtt. x
Tinct. cannabis indicæ gtt. iij
Tinct. cinchonæ comp. ʒj M.
Sig.—Ter die.

A drachm of Rochelle salts to be taken occasionally ; if ineffectual, resort to *massa hydrarg.*—*Col. & Clin. Record.*

A SURE CURE FOR DIPHTHERIA AGAIN.—We feel that perhaps an apology is due to our readers for bringing to their notice another of the many methods of treating diphtheria, which are always said to be so successful in the hands of their advocates, but which, for some reason or another, often fail to yield satisfactory results when employed by others. But the therapeutic nihilists must not be allowed to have the ascendancy always ; and, indeed, some of the methods recommended in recent years, though not specifics, have proved to be very serviceable, and it was not impossible that others may yet be proposed which may be found to be of even greater value. It is, therefore, worth while to consider any new plan of treatment that may be brought forward, or to note any remarkable series of successes which have followed the employment of old methods.

Dr. A. Brondel writes, in the *Bulletin Général de Thérapeutique* of November 15, 1886, concerning the treatment of diphtheria by benzoate of sodium, and asserts that of two hundred consecu-

tive cases he has not lost a single one. He admits the possibility of a mistaken diagnosis in some instances, but even excluding fifty per cent. on this account he still has one hundred cases without a death. His method is as follows : Every hour the patient takes a teaspoonful of a solution of benzoate of sodium, fifteen grains to the ounce, and at the same time one-sixth of a grain of sulphide of calcium in syrup or granule. In addition to this, the throat is thoroughly sprayed every half-hour with a ten per cent. solution of benzoate of sodium. This is done religiously at the regular intervals, day and night, but no other local treatment is employed ; no attempt is made to dislodge the false membrane, and no pencilling nor painting of the fauces is resorted to. Tonics are given and antipyretics are used when occasion calls for them. Nourishment consists of beef-juice, tender rare meat, milk, etc., but bread and all other articles which may cause irritation of the throat are forbidden. The sick room is kept filled with steam from a vessel containing carbolic acid, turpentine, and oil of eucalyptus in water.

The employment of benzoate of sodium is not a new method in the treatment of diphtheria ; for it has been tried, and is recommended highly by Letzerich, Kien, Ferréol, and others. But this, of course, speaks so much the more strongly in favor of the remedy ; and as Dr. Brondel's results were better than those obtained by others using the same drug, it is to be presumed that his method of employing it is the best.—*Med. Record.*

THE EFFECT OF RETAINED MEMBRANES ON THE PUERPERAL STATE.—Dr. Fischer, of Professor Slavianski's clinic, writing in a recent number of the *Vratch*, gives the result of a number of observations made for the purpose of testing the commonly received view that portions of membrane retained in the uterus after the expulsion of the placenta are liable to produce serious consequences—as hæmorrhage and especially the so-called auto-infection or septicæmia—and that therefore it is of the utmost importance that they should be removed by the hand or by intra-uterine injections. This view is supported by the authority of Winkel, Dohrn, Ahlfeld, and others ; while Olshausen, Crédé, Weiss, and Landau consider that there is little harm in the retention of even considerable portions of the chorion. Dr. Fischer's observations extended over 682 labors, in each of which he carefully examined the after-birth. In forty-two of these cases (i.e., 6.2 per cent.) a portion of the chorion was retained. Crédé's method of manipulating the fundus uteri gave the best results regarding the percentage of retention. In primiparæ retention was nearly twice as frequent as in multiparæ, the percentage being 9.1 and 4.9 respectively. Some effect appeared to be exerted by the time at which the rupture of the amnion took place, which,

when either too early or too late, seemed to predispose to retention. Premature deliveries also were rather more frequently followed by retention than those at term. As a rule, the retained chorion came away in the course of from four to six days, generally in several small portions, sometimes, however, in fragments of considerable size, and in one case, where three-quarters of the chorion had been retained, it was passed entire on the fifth day without having caused either hæmorrhage or sepsis. Amongst the forty-two cases hæmorrhage occurred only four times, and was always easily arrested either by hot irrigation or by ergot and manipulation of the uterus. When, however, we learn that out of the forty-two cases manual extraction of the fœtus was required seven times, and that a considerable loss of blood occurred during the third stage eleven times, four cases of slight post-partum hæmorrhage does not appear at all excessive. With regard to pyrexia, in twenty cases, or 47.6 per cent., there was none; in twelve, or 28.6 per cent. the thermometer, which was always used thrice a day, once registered a rise above normal; and in ten, or 24.8 per cent., there was more or less pyrexia. In order to compare these with cases in general, Dr. Fischer gives the results of similar observations made on all the cases he has attended for the last two years. These show that there was no pyrexia in 58 per cent., that the temperature was only once above normal in 17.6 per cent., and that there was pyrexia in 24.4 per cent; so that the ratio of appreciable pyrexia was about the same in the cases in which retention occurred as in ordinary cases. A slight amount of endometritis occurred in three out of the forty-two cases. Dr. Fischer concludes from his observations that there is no ground for supposing that retention of fragments of membrane gives rise to "auto-infection," and considers that the commonly received view is fraught with danger, inasmuch as it tempts the accoucheur, when sepsis occurs, to throw the blame, not on himself, as he ought to do, but on some fancied auto-infective process, and thus probably prevents his being as particular as he should be in employing antiseptic methods in the management of the labors he has to attend.—*Compend. Med. Science.*

DIAGNOSIS OF INFANTILE DISEASES.—1. Congestion of the cheeks, excepting in cases of cachexia and chronic disease, indicates an inflammation or a febrile condition. 2 Congestion of the face, ears, and forehead of short duration, strabismus, with febrile reaction, oscillation of the iris, irregularity of the pupil, with falling of the upper lids, indicates a cerebral affection. 3. A marked degree of emaciation, which progresses gradually, indicates some subacute or chronic affection of a grave character. 4. Bulbar hypertrophy of the fingers and curving of the nails are signs of interference in the

normal functions of the circulatory apparatus. 5. Hypertrophy of the spongy portions of the bones indicates rachitis. 6, The presence between the eyelids of a thick and purulent secretion from the Meibomian glands may indicate great prostration of the general powers. 7 Passive congestion of the conjunctival vessels indicates approaching death. 8. Long-continued lividity, as well as lividity produced by emotion and excitement, the respiration continuing normal, are indicative of a fault in the formation of the heart or the great vessels. 9. A temporary lividity indicates the existence of a grave acute disease, especially of the respiratory organs. 10. The absence of tears in children four months old or more suggests a form of disease which will usually be fatal. 11. Piercing and acute cries indicate a severe cerebro-spinal trouble. 12. Irregular muscular movements, which are partly under control of the will when the patient is awake; indicate the existence of chorea. 13. Contraction of the eye-brows, together with a turning of the head and eyes to avoid the light, is a sign of cephalalgia. 14. When the child holds his hand upon his head, or strives to rest the head upon the bosom of his mother or nurse, he may be suffering from ear disease. 15. When the fingers are carried to the mouth, and there is, besides, great agitation present, there is probably some abnormal condition of the larynx. 16. When the child turns his head constantly from one side to the other, there is a suggestion of some obstruction in the larynx. 17. A hoarse and indistinct voice is suggestive of laryngitis. 18. A feeble and plaintive voice indicates trouble in the abdominal organs. 19. A slow and intermittent respiration, accompanied with sighs, suggests the presence of cerebral disease. 20. If the respiration be intermittent, but accelerated, there is capillary bronchitis. 21. If it be superficial and accelerated, there is some inflammatory trouble of the larynx and trachea. 22. A strong and sonorous cough suggests spasmodic croup. 23. A hoarse and rough cough is an indication of true croup. 24. When the cough is clear and distinct, bronchitis is suggested. 25. When the cough is suppressed and painful, it points towards pneumonia and pleurisy. 26. A convulsive cough indicates whooping-cough. 27. A dry and painless cough is sometimes noticed in the course of typhoid and intermittent fever, in difficult dentition, or where worms are present.—*Dr. Bradley in L'Union Médicale du Canada.*

TREATMENT OF VARICOSE VEINS.—In the *Lancet*, Surg.-Major Stevenson draws attention to the very effective manner in which the cure of varicose veins is brought about by the injection of pure carbolic acid. This treatment consists in the injection of one minim of pure carbolic acid at different situations into the enlarged veins, having previously cut off the circulation from the limb by means of

an elastic bandage placed above the highest point of puncture. Before operating, the patient should be directed to stand erect for about two minutes, in order to allow the veins to become distended. An Esmarch tube should then be passed round the thigh one and a half times, sufficiently tight to stop the superficial venous circulation; then in about a minute the remainder of the tube should be applied, so as to cut off all circulation from the limb. Injections of one minim of pure carbolic acid are then made into the veins at about one inch and a half apart, beginning at the upper end of the vein. A little pledget of carbolised cotton-wool is placed over each puncture as the needle is withdrawn, and well soaked with collodion. The elastic bandage should not be removed until fifteen minutes after the last injection, and great care must be taken to remove it very gradually. For at least a week after the operation the patient should not assume the erect position, or put his foot to the ground at all. To military surgeons this simple operation is of the utmost value, and enables many men to perform duties they could not do before.—*London Med. Rec.*

BINOXIDE OF MANGANESE IN AMENORRHOEA.—The effects of manganese in stimulating the menstrual flow, when its suspension is not due to pregnancy, have been fairly established by trials extending over nearly eighteen months. In the articles contributed to the medical journals on the subject, at the beginning of last year, the permanganate and the binoxide were both mentioned as possessing emmenagogue properties, but experiments have so far been made almost exclusively with the permanganate. In consequence, however, of certain disadvantages which are apt to attend the administration of this salt, unless several conditions are complied with, aided, perhaps, by theoretical notions as to the transformation which so unstable a body may undergo immediately after being swallowed, the binoxide, which is equally potent and less irritating, has latterly come into favor. Manganic dioxide, it is true, has been described as possessing no therapeutical value; but it is conceivable that if its effects are limited, even approximately, to the menstrual function, they may have escaped the attention of observers, especially if, as is not improbable, their investigations were confined to men or animals.—*Brit. Med. Jour.*

BILIOUSNESS.—What is commonly known as an acute bilious attack is more properly an acute indigestion.

The treatment of biliousness is prophylactic, alimentary, and medicinal. Prophylaxis is concerned with avoidance of all the known causes, whether of a toxic, malarial, or alimentary character. A

plain diet of bread, milk, oatmeal, vegetables, and fruit, with lean meat or fresh fish in moderation, and abstinence from alcoholic stimulants, seem to be the ideal fare for the biliously disposed.

Exercise in the open air is of recognized utility in promoting oxidation, and elimination, enhancing the digestive and assimilative processes, and lightening the burdens of the liver. Moreover, exercise (whether by rowing, horseback riding, gardening, walking) hinders absorption of bile by the hepatic venous radicals, and promotes the passage of that fluid into the duodenum.

The victim of an acute bilious attack will generally get righted in a few days by, first, abstinence from all food, then a diet of porridge and milk, or skimmed milk alone, and a very gradual return to solid food, which for several days should be restricted to toast, a little lean meat or broiled fish, with some succulent vegetables or ripe fruit. As for medicines, saline aperients, such as sulphate of soda, Epsom or Rochelle salts in full doses in the morning, or the now fashionable tumberful of Hunyadi Janos will generally suffice to clear the *primæ viæ*; the latter has especially a reputation for evacuating bile. The striking relief obtained by free bilious evacuation has often been remarked, and the veteran transgressor resorts to his blue pill or podophyllin with every recurrence of his malady. Of late euonymin has come much into use as a cholagogue.

Harley recommends to persons who seem to have a more than usual tendency to biliousness traceable to sluggish biliary secretion, and where there seems also to be defective nerve action, small doses of nux vomica or strychnia after their meals. This may be combined with belladonna and aloes as in the aloin, strychnia, and belladonna pill. The bilious person is generally constipated, hence such a pill has a special utility. Fothergill's pill of ipecac, capsicum, and pil. aloes et myrrh., has done good service in such cases. Nitro-muriatic acid and taraxacum have a reputation which is probably not altogether built on imaginary results. But bilious dyspeptics, while they should be attentive to the functions of eliminations (and doubtless the ancient predilection for purgatives has been justified by modern scientific research which finds in intestinal septicæmias and alkaloids of putrefaction many of the evils formerly attributed to peccant humors and atrabiliary disorders), should aim especially to be good hygienists and learn to live right; but this is counsel which everybody gives and nobody takes.—*Boston Med. and Surg. Jour.*

COLD APPLICATIONS TO THE PRÆCORDIA IN FEVER.—Dr. Grigorovich has studied the effects produced by applying cold over the region of the heart in typhoid fever. His observations were made on uncomplicated cases of the disease. Respiration, at first, became somewhat quickened,

and was rendered irregular by reflex action; subsequently it became slower. At the end of the application of the ice, and the next morning, it was deeper and more regular, but somewhat slower than before the ice was applied.

The general conclusions regarding the effect of applying cold to the region of the heart are as follows (*The Therapeutic Gazette*):

1. The cold undoubtedly reaches the heart itself, and thus produces an effect upon its action,

2. This effect is particularly noticeable when the cardiac beats are increased in frequency in consequence of a high temperature quickly attained, and where a certain degree of sensitiveness to a high temperature exists.

3. The effect of cold is not marked at the end of a prolonged attack of fever, pathological changes having by that time probably become established in the cardiac muscle.

4. The local application of cold is only capable of protecting the heart-muscle from the effects of a high temperature when it is applied assiduously from the commencement of the disease.

5. Under its influence the action of the heart improves, the number of beats diminishes, while their force and amplitude increase.

6. Cold applied to the region of the heart diminishes the gravity of the typhoid condition and favorably influences the respiration.

7. With regard to the effect of cold applied to the region of the heart on the course of the general temperature, the author cannot at present express a decided opinion, as he did not investigate the question; but in the results which he obtained indications may be found of the possibility of its causing some diminution of the temperature.—*Med. Record*.

TREATMENT OF BLENNORRHAGIC CYSTITIS.—Desnos has arrived at the following conclusions after trying different modes of treatment:

1. Blenorrhagic cystitis attacks the neck of the bladder; it is always connected with an inflammation of the deep portion of the urethra, but such urethritis alone cannot give rise to all the symptoms of cystitis.

2. The frequent micturition which occurs in the beginning of blenorrhœa is of too short duration to be mistaken for a positive symptom of cystitis, especially in the absence of other symptoms.

3. In chronic cases the differential diagnosis between blenorrhagic and tuberculous cystitis is generally impossible when the former follows an old blenorrhœa.

4. A number of cases known as cystalgia, or neuralgia of the neck of the bladder, are simply partly cured cases of blenorrhagic cystitis; a painful sensation commonly persists in such cases.

5. The treatment of acute cystitis by emollients is generally fruitless; the injection of solution of

nitrate of silver (one in fifty to one in ten) produces a sharp reaction at first, but rapid improvement follows.

6. In chronic cases irrigation of the bladder is of little benefit and can excite fresh inflammation; general treatment is useful, but local treatment applied to the neck of the bladder is indispensable.

7. Bichloride of mercury solution, one in two hundred and fifty to one in five hundred, gives sharp and prolonged pain, and its beneficial effects are less prompt than those of nitrate of silver.

8. Iodoform in oil, or in suspension in glycerine is not painful; its effects, although good, are slow and uncertain.

9. Hydrochlorate of cocaine relieves pain in the bladder for a very short time; applied to the neck of the bladder just before the introduction of a caustic, it lessens greatly the painful effects of cauterization.

10. Nitrate of silver, in solutions of one-fiftieth to one-tenth, in injections of from ten drops to twenty-five or thirty, the author considers the most efficient, safe, and rapid means of treatment.—*Bulletin Général de Thérapeutique*.

PEPSIN IN PHARYNGEAL CATARRH.—Dr. J. Fisher, in the *Berl. Kl. Woch.*, 49-86, reports a case of pharyngeal catarrh, in which the various local and internal remedies were tried in vain, until finally, the patient complaining of some transient gastric disturbance, caused by too luxurious a meal, the doctor advised him to take five grains of Jensen's pepsin, which by the way is also recognized in Germany as the best pepsin in the market, immediately after each meal. The patient, who from the frequent medication had become averse to medicine, took the pepsin pure, half a grain of aromatic powder being added to five grains of Jensen's pepsin simply to preserve the latter in its dry state. The effect was remarkable. Not only the stomach improved, but after three days' use the pharyngeal catarrh also showed decided amelioration. Dr. F. then administered the pepsin in still larger doses, ten grains each, and two weeks later the catarrh had disappeared. The same remedy was afterwards tried in four more cases and with the same result, but other pepsin preparations failed.

There is one symptom, that seems always to yield readily to Jensen's pepsin, viz., the peculiar dryness, of which patients suffering from chronic pharyngeal catarrh are so apt to complain. The remedy ought to be taken in its pure state, only a moderate dose of aromatic powder being added to keep it dry, and it should be allowed slowly to dissolve in the mouth.

There is a complaint intimately connected with the catarrh in question, viz., circular ulceration of the posterior nares. Patients suffering from this trouble usually have to hawk a great deal every

morning, sometimes also in daytime, to their own disgust and that of others, until finally they expectorate a round piece of hard muco-pus, with the scab from the ulcer. The hawking is often so great that it leads to vomiting, and the symptom itself is a very annoying one. In a similar accidental manner as Dr. F., Dr. Hugo Engel discovered that Jensen's pepsin, if regularly used in divided doses (10 to 15 grains 3 to 4 times daily), especially if combined with muriate of ammonia (20 grains 3 to 4 times per diem), and with powdered extract of liquorice (same dose as the muriate), to improve the taste, is almost a specific in the complaint spoken of. Only one must be careful to obtain the genuine Jensen's pepsin, there being many similar but worthless preparations in the market, and they are substituted but too often for the genuine article on account of their great cheapness. The tablets of Jensen's pepsin are well adapted for the purpose indicated, and may be taken separately from the sal ammoniac. In that case the aromatic powder may be omitted.

SUBSTITUTION OF DRUGS.—It is a well-known fact that there are druggists in every large city who are not to be trusted with the filling of a prescription that calls for any expensive drug. They come and go, so that at last physicians are compelled to designate certain of the drug fraternity as trustworthy, and insist upon their patients going to these alone for their medical supplies. If they fail to do this, their work is thrown away and their reputations go with the failure of their remedies in critical cases.

A few cases from actual observation and experience will illustrate this better than a volume of argument.

1. Thirty grains of quinine, in three doses, to be taken at hourly intervals, were prescribed for a young man suffering from ordinary intermittent fever. The doses were taken as directed, but no signs of cinchonism were induced, and the disease progressed without change. The same doses, in "Warner's sugar-coated pills" were ordered, with the effect of inducing well-marked cinchonism with cure of the disease.

2. In a case of profuse menorrhagia, one ounce of fluid extract of ergot was ordered, with directions to take one fluid drachm every hour until the hemorrhage ceased. The entire amount was taken without result. An ounce of "Squibb's fluid extract of ergot" was ordered—same directions, and the flooding ceased after the second dose. —

3. Four ounces of a mixture of bromide of potassium and chloral, each an ounce, with tincture of hyoscyamus and fluid extract of cannabis indica, in appropriate doses, were ordered, with directions to take one teaspoonful every hour until sleep should be induced. An ugly, muddy mixture was

received, which produced nausea and headache, but no sleep.

A similar prescription instead of the above extemporaneous officinal combination, was ordered, only "Battle's BROMIDIA" was designated, which induced refreshing sleep after a few doses of from twenty to thirty drops had been taken.—William B. Hazard, Prof. of Medicine, Coll. Phys. and Surgs., St. Louis, in *Med. Brief*.

DON'TS FOR A SICK-ROOM.—Don't appear anxious, however great your anxiety. Don't let stale flowers remain in a sick chamber. Don't jar the bed by leaning or sitting upon it. This is unpleasant to one ill and nervous. Don't have the temperature of a sick-room much over sixty degrees: seventy degrees are allowable, but not advisable. Don't neglect during the day to attend to necessities for the night, that the rest of the patient and family may not be disturbed. Don't ask a convalescent if he would like this or that to eat or drink, but prepare the delicacies and present them in a tempting way. Don't throw coal upon the fire; place it in brown paper bags and lay them upon the fire, thus avoiding the noise, which is shocking to the sick and sensitive. Don't be unmindful of yourself if you are in the responsible position of nurse. To do faithful work you must have proper food and stated hours of rest. Don't permit currents of air to blow upon the patient. An open fire-place is an excellent means of ventilation. The current may be tested by burning a piece of paper in front. Don't give the patient a *full* glass of water to drink from, unless he is allowed all he desires. If he can drain the glass he will be satisfied; so regulate the quantity before handing it to him.—*American Druggist*.

AN AUTOPSY EXTRAORDINARY.—The following report of an autopsy is by a physician, who is said to be doing a lucrative practice in Delta, O. It goes to show that success in gaining the confidence of the community is not necessarily conditioned on such an appreciation of anatomy, physiology, and pathology as the modern school holds to be correct. "E. C. C.—, opened on September 25, 1885, for post-mortem examination. We find that sickness first started in the kidney No. 18, and from there to the hip bone, No. 15, from there to the spine No. 1, from that to the blood, cancer or abscess, blue cancer, etc. From large artery in the 6th rib affected and to the muscles of the hip, where started the ulcer on the left side, and thence to the urine, from thence to large intestine which was affected fifteen yards, and from there to a milky deposit in the bladder, and thence back again to the kidneys, from thence to the hair veins, from thence to the back, and thence to the stomach, and thence to the bladder, and thence to a fever through all the system, No. 18, the liver's weight

was 4 lbs., which was badly affected and mortified; from thence to the largest nerve which was connected with the brain which affected them. Weight of the kidney, one half pound. The doctor's statement before opening the corpse was consumption of the liver and kidney."—*The Medical Age*.

GUY'S HOSPITAL IN NEED.—Perhaps the worst sign of the agricultural depression in England yet recorded, is that Guy's Hospital is asking the public for subscriptions. "Guy's" has hitherto been a very proud hospital, and has kept house magnificently, in the interest of the suffering poor, on an income of over £41,000 a year, derived from estates in land. But the annual yield of these estates has been diminishing steadily since 1879, until, at the present time of asking, it has come so low as £26,000, with every prospect of further decrease. The total of 650 beds of the old prosperous times has been reduced to 500, and then to 400, and it is believed that the worst has yet to come. At one time, when money meant money, and land was land, Guy's lived in great charitable state on its fortune of £220,000 from Mr. Alderman Guy, and its £180,000 added by Mr. William Hunt, a century later, to make the round £400,000, and never asked the public for a penny.—*Med. Record*.

INTERNAL AND LOCAL MEDICATION IN THE TREATMENT OF HERPES ZOSTER.—During the past year and a half there have come to my notice, at various stages of the disease, a number of cases of herpes zoster, and as the following method of treatment has given very gratifying results, it occurred to me that it might be of interest to your readers. The treatment consists briefly in the administration of a blue pill (two or three grains) twice or three times during the day, and the local application of zinc ointment carbolyzed (two per cent.), the parts being also protected from irritation of the clothes and other external influences. In every case so treated the pain ceased and the eruption was controlled in the course of a day or two, or after the purgative effects of the drugs had disappeared, the vesicles drying up, leaving brownish crusts, the latter dropping off in the course of a few days.—*Med. News*.

ACCOUCHEMENT DURING HYPNOTIC SLEEP.—In the *Wiener Med. Wochenschrift* a case is mentioned of a woman whom Dr. C. Braun succeeded in rendering unconscious during labor by throwing her into a condition of hypnotic sleep; the uterine contractions were particularly painful. They were equally violent during the period of unconsciousness, but the intervals were somewhat longer; dilation of the passages took place in the most

satisfactory manner, and delivery was speedily accomplished. The placenta was expelled into the vagina, and was easily withdrawn with the hand. On awakening, the patient did not complain of pain, and afterwards slept naturally for several hours. One of the most interesting features of the case was that the uterine contractions induced contraction of the abdominal muscles without awakening the patient. Hæmorrhage was very slight.—*British Medical Journal*.

THE DIETARY IN CATARRH OF THE STOMACH.—
I. Milk, cold or warm; bouillon; beef tea prepared cold. To one pound of beef cut up in pieces the size of dice, add one pint of distilled water and 10 drops of dilute muriatic acid. Let stand in refrigerator 24 hours; strain and season to taste, and if desired, warm, but not enough to make cloudy.

Peptonized milk; zwiebach not sweetened, crackers, rusk, toast; natural Seltzer and Vichy waters, carbonated distilled water.

II.—Soft boiled or raw eggs; rice or sago boiled soft in milk; clear soups; purée of potato; vermicelli or "noodle" soups; raw oysters.

Boiled, roasted, stewed, or broiled calves' brains, sweetbreads, pigeons, chicken, calves' feet (?)

No vegetables, except those mentioned to be allowed with soups.

No "wheaten grits," hominy, barley, oatmeal.

III.—"Minced" or finely cut boiled ham, and rare beefsteak.

Coffee and tea. Articles under I. and II. as advised.

IV. Rare roasted beef and veal, especially cold; roasted chicken, and pigeons without sauces, especially cold; venison; partridges, woodcock and snipe, not too fresh; boiled fish; white bread (stale); macaroni; baked apples; fruit jellies; a very small amount of butter, otherwise no fats at any time; only dry wine; no beer; no ale or porter. Rye whiskey or brandy diluted with the waters mentioned may be used with lunch and dinner when pronounced necessary.

TREATMENT OF LARYNGO-PHARYNGITIS.—The following are Coupard's formulæ:

By atomization five minutes night and morning:

Acid, carbolic,	grs. xv.
Potass. bromid.,	3 jss.
Aquæ,	O j.

And as a gargle:

Acid, carbolic,	
Zinc, chlorid.,	ââ grs. xv.
Syrup, morph. hydrochl.,	3 iv.
Inf. cocæ fol.,	3 viss.

—*Rev. de Thérap.*

THE CANADA LANCET.

**A Monthly Journal of Medical and Surgical Science
Criticism and News.**

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet, Toronto."

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MARLIER, 23 Rue Richer, Paris.

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*The LANCET has the largest circulation of any
Medical Journal in Canada.*

TREATMENT OF PLACENTA PRÆVIA.

Fortunately this abnormal position of the placenta is of rare occurrence. Statistics vary greatly as to its relative proportion to all other labors, but judging from the records published, one case in about five hundred is a fair approximation. It is evident, therefore, that no one in private practice can possibly acquire sufficient experience, to enable him to form an opinion of any great value regarding the various methods of treatment advised or adopted. It is only from hospitals and maternities in populous centres, that we can derive sufficient information to guide us in private cases. Yet infrequent as placenta prævia is, it is very important that we should be individually prepared to meet it at any time, and have clear conceptions regarding its management.

Many learned disquisitions, and innumerable discussions have been published regarding the source of the hemorrhage. The most plausible view in our opinion, is that of Schroeder, namely: That the uterine contractions impel the blood from the place whence the placenta has been separated, and that from the separated portion, blood circulating through the chorion and villi, becomes lost. Unguarded examination may also lacerate the placental tissue, and so cause fetal hemorrhage. But to close the source and prevent the flow is the all-important consideration. Successful treatment should be our chief object, and is the one great desideratum

Formerly the accoucheur's choice was limited, in the early stage before the os was much dilated, to plugging the vagina; forcible dilatation, version, and immediate extraction, manually, or by instruments if necessary, or separation of the entire placenta; all of which have been advocated and endorsed by eminent authorities, and still obtain among many of the prominent obstetricians of the present day.

Recently, some considerable variations to these established methods have been admitted and practised, with apparently better results, which briefly are as follows: Rupture of the membranes, if the presentation be normal. This acts, by allowing the placenta to retract from within the lower segment, and causing the presenting portion of the fetus to act as a plug. It is claimed that this alone has proved sufficient in a large number of cases. Where necessary and possible, perform the intero-external version; bring down a leg to act as a plug, and wait for expulsion by the natural forces, or aid them very cautiously after the os has been sufficiently dilated. The advantages claimed are: That it abolishes the use of the tampon, and lessens the risk of sepsis; it allows early operation, before much blood has been lost; it arrests hemorrhage; it enables the patient to rally, gives the os time to dilate, and lessens the risk of post partem hemorrhage from laceration of the cervix or vaginal soft parts. In some cases, when everything favors extraction—such as a well-dilated os, and head low down—forceps are sometimes used, and occasionally it is found necessary to perforate and extract rapidly.

It is obvious that no one rule, or set of rules, can meet all cases; consequently the accoucheur should be thoroughly familiar with all, and in a position to select and adopt the method of delivery best adapted to his particular case. Another important question arises, when moderate hemorrhage occurs prior to full term, and placenta prævia is discovered; whether we should immediately bring on labor, or try to allay the hemorrhage and prevent its return as far as possible; pursuing the expectant plan, with the object of arriving at full term, or the nearest possible approach thereto before delivery.

Many advocate immediate delivery, considering the risk to the mother too great to permit delay; while others, equally prominent and of no less

experience, believe the expectant plan to be the proper one, not only in the interest of the fœtus, but of the mother as well, when the premature hemorrhage can be controlled.

This question came up at the Ontario Medical Association meeting last June. Of those who discussed the point then, the majority thought the expectant plan under favorable circumstances the better one, although some condemned it as incurring too much risk under any circumstances. Consequently the obstetrician is at liberty to decide upon which course he shall pursue, as his judgment may dictate, guided by the circumstances attendant on his particular case.

If we might be permitted to express an opinion, from our comparatively limited experience, we would advise the adoption of the expectant plan, when the patient is convenient to a physician, the hemorrhage controllable, and all other circumstances are favorable.

NEW TREATMENT OF PHTHISIS.

Dr. Bergeon's treatment of phthisis by injection of sulphuretted hydrogen into the rectum, has been carefully investigated by Dr. Bennett, and the result, with observations communicated to the *British Medical Journal*. Dr. Bergeon, of Lyons, has been experimenting for years, on the action of certain gases when introduced into the large intestine. He found that carbonic acid gas was absorbed by the intestines, and exhaled in a few moments by the mouth, without any toxic effects whatever. While however the carbonic acid gas proved innocuous, he found it was entirely without therapeutic value as to the cure of the pulmonary troubles. After having tried various medicinal agents, he settled upon sulphuretted hydrogen as a powerful microbicide. Knowing then, that he had a medium in carbonic acid gas, he medicated it by passing it through a bottle containing water charged with sulphuretted hydrogen, and found this mixture well borne by the intestines. Within two or three minutes after the injection, the patient's breath is tainted with sulphuretted hydrogen, being absorbed by the veins of the intestines and exhaled by the mouth through the lungs. He injects four litres (quarts), twice a day, about twenty minutes being required for each injection. During this time the intes-

tines distend, but without any pain or discomfort, unless atmospheric air is allowed to enter along with the medicated gas. In that case tormina come on, the air acting as an irritant. The gas is entirely absorbed and exhaled in about half an hour after ceasing the injection. Dr. Bergeon finds that chemically prepared sulphuretted hydrogen produces irritation and colic, and uses the natural gas from the water of Eaux Bonnes in the Pyrenees. The medication must be made with most scrupulous care as to details, non-success always following careless treatment or bad quality of gas. The carbonic acid gas must be generated fresh on each occasion, and at first the enemata must be given by the medical attendant, care being taken to see what quantity each patient can bear.

Dr. Bergeon claims marvellous results from this treatment. In 200 cases of chronic pulmonary and throat diseases, treated at Lyons, where the climate is against such diseases, he says, "the results have been successful to a degree that surprised and astonished him." He says that, "in early phthisis, even in acute general phthisis, a form of disease nearly always rapidly fatal, in two or three weeks there is generally an arrest, and in a few months a cure." When the disease is so advanced as to be incurable, an amelioration is always obtained.

Dr. Bennett seems forced to admit, while having the usual amount of skepticism regarding new remedies, that there is much in what Dr. Bergeon has brought forward, and cannot deny the facts as placed before him by Dr. Bergeon, and by other physicians at Geneva. He mentions the case of an Englishman, known to himself, who has been apparently cured of severe idiopathic asthma, by a short course of the sulphur gas treatment.

This is certainly a new departure in therapeutics, and though the method has its drawbacks, if it prove curative of phthisis and asthma, it must soon be widely adopted, though at present such adoption cannot be general. The cost of the apparatus necessary, is not great, being about fourteen dollars.

BROOKLYN has been suffering from an outbreak of small box. Efforts are being made to check its spread. A large corps of special vaccinators being at work.

LOCAL HYPERIDROSIS.

Pathologically, excessive sweating may occur as a symptom of some acute disease as ague, rheumatism or pneumonia, or as a result of anæmia of the skin as in phthisis; or idiopathically, and then may be regarded as an anomaly of function. Rindfleisch teaches that the only uncomplicated change which occurs in the sweat glands is simple hypertrophy, but whether such hypertrophy occurs in hyperidrosis is open to question. Sangster gives the pathology of the disease as a "functional disturbance of the sweat glands increasing the quantity of sweat secreted, but not altering its quality." This seems in accord with the teaching of modern physiology, that the secretory activity of the sweat glands, as of other secretory organs is under the influence of two sets of nervous fibres, the one ganglionic, and regulating the vascular supply, the other belonging to the spinal system, and having to do with the activity of the epithelial elements of the gland.

Local hyperidrosis occurs most frequently in the perineum, the axillæ, the palms and soles, though other forms, such as hyperidrosis of one side of the face or head are not uncommon, occurring under the influence of some local neurotic disturbance. In the axillæ it is frequently a source of great annoyance, and especially to young ladies, who are greatly worried by the injury done to their clothing, and more, by the knowledge that the decomposition of the secretion produces a rank odor, often extremely disagreeable to persons in their immediate neighborhood. That form which most frequently calls for treatment is sweating of the soles of the feet. This is usually accompanied by a horrible fetor, and it occurs more frequently in young adult females, frequently interfering with either the occupation or with the social duties of the patient.

In excessive sweating of the axillæ or perineum astringents are useful, especially alum and tannin; thus, a lotion of one drachm of tannin to six ounces of spirits of wine frequently applied will be found useful, as it will also in mild cases of hyperidrosis of the feet. The local application of belladonna is especially useful in sweating palms. Hilton Fagge mentions a case of a young lady cured by this means after other treatment had failed. Care will however be necessary to avoid

toxic effects. The treatment of the affection in the feet is not so simple. It is stated that the decomposition and accompanying fetor is due to a bacterium which has been cultivated, and has produced the same specific (?) odor outside the human body. This bacterium has been described by Dr. Thin. The question naturally presents itself, whether this micro-organism, may not stand in some causative relation to the disease, rather than being simply causative of the odor due to the decomposition of the secreted sweat. At any rate, whether to cure the disease is to lessen one of its most unpleasant symptoms, some anti-parasitic application is indicated. Thus we have seen a case of well marked bromidrosis with sodden, white soles, tending to desquamation, with red, tender skin left underneath, and most offensive odor noticeable before removal of the shoes and stockings, which succumbed speedily and entirely to the application of equal parts of citrine and simple ointments, after other treatment fairly tried had failed. Hebra's plan is said never to fail if properly carried out. It was to apply a mixture of equal parts of emp. plumbi and linseed oil to the foot, previously well washed and dried. Bandages to be applied, clean stockings and new boots to be worn. The toes to be separated by pledgets of lint smeared with the ointment. This dressing remains twelve hours, the foot is then to be wiped (not washed) and dusted with starch. The dressing is again applied and this is repeated twice a day for ten or twelve days, after which desquamation takes place and the patient is cured. Living says this is the only way he knows of curing this troublesome malady.

Another remedy which finds favor is boracic acid lotion, at the same time dusting the finely powdered acid into the socks, or soaking the socks in a saturated solution of the acid.

MOTION OF CONDOLENCE.—At the late meeting of the Huron Medical Association, the following resolution was unanimously adopted, and a copy sent to the bereaved family. "Moved by Dr. Smith, of Seaforth, seconded by Dr. Graham, of Brussels, and *Resolved*,—That as members of the Huron Medical Association, we desire to avail ourselves of this opportunity of extending to Dr. William Sloan, of Blyth, an expression of our sympathy in the irreparable loss he has been called

upon to sustain in the untimely decease of his son, Dr. A. W. Sloan, of Listowel. The deceased, though naturally of a retiring disposition, had a most genial manner, and was thoroughly devoted to the interests of the profession of which he was a bright and promising ornament. This Association, while extending sympathy and condolence to the family of the deceased, desires to place on record the high estimate that had been formed of the gentlemanly character and professional attainments of him whose memory will be long and pleasantly cherished."

SNUFF FOR ACUTE AND CHRONIC NASAL CATARRH.—The following is given (*Therap. Gaz.*) as an excellent snuff for acute or chronic catarrh, and acute coryza, especially when accompanied with pain of the nasal nerve. It can be used as a snuff by the patient himself or in a powder-blower.

R. Cocaine hydrochl. gr. x ;
Ol. eucalyptis, gr. iii ;
Iodoform, ʒi ;
Sacch. last., ad ʒi. M.
Ft. triturate (snuff.)

Sig.—Use every two or three hours. When relieved use two or three times a day.

"Another formula which I have found of service is a modification of that recommended by Beverly Robinson, which is as follows :

R Pulv. fol. belladonnæ, gr. xx ;
Cocaine muriate, gr. v ;
Ol. rosæ, gtt. i ;
Pulv. gum acaciæ, ad ʒss. M.
Ft. triturate (snuff.)

Sig.—Use with the powder-blower for anterior and posterior nares."

SANTAL OIL IN BLENORRAGIA.—Dr. Litzel (*Allg. Med. Zeit.*) gives the following as the result of his observation in the efficacy of the above remedy in blenorragia :—1. Given in an early stage, the secretion diminished rapidly, and the pain on micturition ceased. This result happened in thirty-seven out of forty-two cases. 2. If, after ten or twelve days, the oil be discontinued, the old symptoms reappear. 3. The best results were obtained when the oil was commenced in the third or fourth week of the gonorrhœa, together with the use of weak astringent injections. 4. Cystitis and gonorrhœal prostatitis were always greatly benefited by

the oil. 5. Cases of gleet did best under local treatment.

HISTORY OF THE MEDICAL PROFESSION.—Dr. Canniff, author of "The Settlement of Upper Canada" is engaged in collecting information relative to the beginning, rise and development of the medical profession in Upper Canada, with the view of publishing a history of the profession of the Province of Ontario. Any facts respecting the first medical men in the different sections of the Province will be thankfully received ; and he respectfully asks the assistance of the profession. The items desired relate to the name, nationality, time of arrival in the Province, place of medical education, professional qualifications, how and when licensed, place of practice, incidents in practice and experience, and any official position held.

IMMEDIATE CURE OF WHOOPING COUGH.—Dr. Mohn reports seven cases of whooping cough cured by the simple process of fumigating the patient's room, bedding, etc., with sulphurous acid. The following (*Med. Rec.*) is the plan :—"In the morning the patient is clothed only in linen and taken out of the bedroom. In the bedroom are left the bedding, linen, clothes, playthings, and everything that cannot be washed. Then sulphur is burned in the proportion of twenty-five grammes to every cubic metre of space in the apartment. After five hours the room is aired. In the evening the patient sleeps in a perfectly pure atmosphere, and in the morning he is cured."

THE "BACTERIUM TERMO" SPRAY IN PHTHISIS.—Mr. A. Primrose Wells (*Brit. Med. Jour.*) draws the following conclusions regarding the use of the "bacterium termo spray" in pthisis :—"The forced deep inspirations necessary are very beneficial in some conditions of the chest. When diarrhœa is present it checks it, improving the appetite as a rule. It has a tendency to diminish expectoration, and an influence for good in cases not too far gone, but in rapid forms of the disease, and where much excavation exists, it is useless.

ORCHITIS AND EPIDIDYMITIS.—Dr. Lowndes (*Lancet*) treats the above according to the method of Fournieux Jordan, which consists in painting the testicle with a solution of nitrate of silver, two drachms to the ounce ; at the same time strict rest

is enforced. The pain is soon subdued and the testicle returns to its normal size in a few days. Sometimes a second painting may be necessary. Dr. Lowndes has treated 269 cases in this manner.

MEDICAL ETIQUETTE.—It may be interesting to some of our readers to know that it is considered (*Brit. Med. Jour.*) obligatory, for the recently arrived practitioner to call at as early a date as possible upon "every duly qualified, legitimate medical practitioner resident within a reasonable distance of his own selected place of abode, and courteously announce his intention to practice in the locality."

DISINFECTANT MIXTURE FOR THE SICK ROOM.

—*L'Union Médicale* gives the following :

Camphor.....	20 parts ;
Calcium hypochlorite	50 "
Alcohol.....	50 "
Water.....	50 "
Oil of eucalyptus.....	1 part ;
Oil of cloves.....	1 "

Mix in a large vessel kept cold. A few drops, on a napkin, are enough to disinfect a room.

SYPHILITIC CONDYLOMATA.—Dr. Parsons (*Med. Rec.*) says he has never known the following to fail in speedily curing syphilitic growths around the anus and on the scrotum :

R. Morph. sulph.....	gr. ij.
Pulv. camphor.....	gr. xx.
Bismuthi subnitrat.,	
Hydrarg. chlor. mitis.....	aa 3 iss.
Cosmolin.....	3 j.

Sig.—Wash with soap and water, and then rub the ointment in thoroughly twice a day.

PILLS FOR AMENORRHEA.—De Mussy recommends (*Nouv. Remed.*) the following formulæ :

Salicin.....	1.00 (gr. xv) ;
Pulv. rhei.....	0.50 (gr. viiss) ;
Confect. rosæ.....	q. s.

M. Ft. pil. No. x. Sig: One to three daily.

GASTRALGIA.

R. Tinct. stramonii.....	3 ss.
Tinct. hydrastis.....	3 iv.
Aqua laurorcerasi.....	3 ijss.

M. Sig.—One teaspoonful in water every four hours.

COLLEGE PHYSICIANS AND SURGEONS, ONT.—The corner-stone of the new Medical Council Hall of the College of Physicians and Surgeons of Ontario was laid on Tuesday, the 26th ult. The ceremony was an informal one, the Building Committee and a few friends being the only persons present. The stone was laid by the President of the Council, Dr. H. H. Wright, in the name of Galen, Hippocrates, Harvey and John Hunter.

THE RESULT OF PASTEUR'S WORK.—Pasteur reported to the Academy de Médecine, Nov. 2nd, that he had inoculated 2490 persons, of whom 1750 were from France and Algiers. Of this 1750 there were 10 deaths or one in 175. One death only of an inoculated person occurred in Paris last year, and three in all, though the annual average is twelve. He reports that when the face is bitten it is necessary to inoculate more rapidly and with more powerful virus.

DRUMINE.—The London *Lancet* gives some particulars as to the new anæsthetic, *drumine*, the alkalcid prepared from the juice of *Euphorbia Drummondii* of South Australia. It differs from cocaine in paralyzing only the sensory nerves. The pupil is not affected by it, nor does it produce any constitutional symptoms in small doses. It has been successfully used as a subcutaneous injection in sciatica.

GYNECOLOGY IN SOUTH AFRICA.—The ladies of South Africa are so delicate that vaginal examinations (*South African Med. Jour.*) will rarely be submitted to. Even the chest is sacred ground, the editor of the above journal having been refused permission to use his stethoscope thereon.

OINTMENT FOR STRUMOUS GLANDS.—Dr. Kaemmerer says the following will if used early, prevent suppuration, and gradually reduce the enlargement of strumous and syphilitic affections, and bring about a normal action of the gland involved.

R. Ext. belladonnæ 3i	
Ung. hydrarg. 3iv	M.

BRITISH LICENTIATES.—The following gentlemen have recently obtained the license to practice medicine and midwifery, King and Queen's College of Physicians Dublin. T. D. Ambrose, Montreal ; Dr. Hastings, Victoria, Toronto ; Dr. Midgley, Trin., St. Thomas, Dr. Pattullo, Victoria, Toronto.

LEPROSY AND SYPHILIS.—The answers received from medical men whose practice has brought them into contact with leprosy, by the Royal College of Physicians as to the relationship existing between leprosy and syphilis, are not such as will settle the question. Twelve regard the two diseases as intimately connected, while twenty-one think there is no relationship between them. The question as to the contagiousness of leprosy, is also left open, thirteen being certain it is contagious, and thirty-four being equally certain that it is not at all contagious.

MORE COUGHING THAN IS NECESSARY.—Dr. Rumbold (*Maryland Med. Jour.*) says that many patients cough more often than they need do, and that the number of coughs may be greatly lessened by asking that a record shall be kept, as by marking on a card, of the number of coughs in the 24 hours. He has known patients to reduce the number of efforts 75 per cent., and always with advantage to the cough and the patient.

PERSISTENT DIARRHŒA.—The following formula is a favorite one (*L'Union Med.*) with Trousseau for diarrhœa, which has resisted other treatment:—

R.—Powdered ipecac. gr. viij.
Extract of opium,
Calomel, āā gr. iss.

To make twenty pills.

The dose, one to three pills daily, is continued for a week or longer.

ANTISEPTIC PAPER DRESSING.—Dr. Perez recommends, says the *Lancet*, a simplified antiseptic dressing, made of bibulous paper, soaked in a solution of carbolic acid, boracic acid, or corrosive sublimate. This is placed over the wound in about eight layers, covered with Mackintosh, and the whole secured by a rubber bandage. The writer claims for this dressing the advantages of cheapness and portability, and thinks it would be useful in field and small hospitals.

STERILITY FROM TEA-DRINKING.—Dr. Davies (*Therap. Gaz.*) says that tea-drinking undoubtedly acts in the direction of producing sterility in females. He calls attention to the fact that the Druidic College, of the 12th century, considered tannin the most potent of all the products of nature in producing this condition.

SUPRA-PUBIC LITHOTOMY.—Mr. Thomas Smith reports a case of supra-pubic lithotomy, in which the stone which had an oxalate nucleus, coated with phosphate, weighed $24\frac{1}{2}$ ounces, and measured 13 inches in its largest, and $9\frac{1}{2}$ inches in its smallest circumference. The patient, a soldier, æt. 43, made a good recovery.

TEMPERATURE IN CHILDREN.—Ringer states that in healthy children the temperature falls at midnight to about 97° F, or even 96° . Some robust adults have a similar course of temperature during the 24 hours, to children, while others have a smaller cycle, the highest and lowest temperature being less.

SEVERED DIGITS.—We have noticed several reports of the perfect reunion of fingers and toes after complete severance by sharp cutting instruments. The experiment should be tried in suitable cases, though it must of course more often fail than succeed.

NÆVUS.—Dr. Beatty, (*Brit. Med. Jour.*) reports eight cases of nævus cured, painlessly and entirely, in from three to five weeks, by painting the affected spot twice a day with liquor arsenicalis, until ulceration occurred.

PHOSPHATES IN PHTHISIS.—Dujardin-Beaumetz recommends the following to improve the nutrition in phthisis:—R. Sodii phosphat., \mathfrak{zjss} .; potassa phosphat., \mathfrak{zj} .; syr. auranti cort., \mathfrak{zij} .; vini (claret). fl. \mathfrak{zviij} . M. A wineglassful taken after each meal.

PHTHENIASIS PUBIS.—One thorough application of ether is said (*N. Y. Med. Jour.*) to be successful in the treatment of the above disease. It is more advisable than chloroform, being less irritating to the skin.

PATENT MEDICINES IN RUSSIA.—The Russian government has prohibited the importation of patent medicines; the list of articles published containing about 800 items.

The London *Lancet* defines "moderate drinking" as that which is indulged in to the extent that the individual has a clean tongue, a good appetite, a slow pulse, a cool skin, a clear head, a steady hand, good walking power, and light, refreshing sleep and asserts that "odd glasses of beer and spirits

in a forenoon do not come within the range of moderate drinking."

Erlenmeyer calls cocaine the third scourge of humanity; alcohol and morphia being the other two.

In Boston they do not say stomach-ache, but gastric neuralgia; but it "gets there all the same."

--Life.

Books and Pamphlets.

GENERAL PARALYSIS OF THE INSANE. By Wm. Julius Mickle, M.D., M.R.C.P., London, Medical Supt. Grove Hall Asylum, London, England. London: H. K. Lewis.

This is a second edition of Dr. Mickle's treatise which was published in 1880. All who know Dr. Mickle will feel assured that the time which has elapsed since the appearance of his first edition has not passed unimproved. Dr. Mickle has always been known, both in his native Canada and since he became a settled resident of England, as an indefatigable and unceasing worker in whatever branch of medical science he was engaged. His career as a student in our University was one of signal honour, and the promise of future distinction then given has been most amply realized. The position held by him in England, as Medical Chief of an asylum for the insane, has presented to him superior opportunities for observing the peculiar malady which he has chosen as a subject of his treatise; and, certainly, every reader of his book will feel convinced that, alike in the department of minute and intelligent clinical observance and anatomo-pathological research, he has well cultivated the advantages so opportunely presented to him. His first edition covered 246 pages; it was the first treatise solely devoted, in England, to general paralysis of the insane. The present edition, which has been "wholly re-written," covers no less than 466 pages, and it contains more than double the quantity of matter of the first.

It might well go without saying that the entire literature of the subject has been explored and judiciously laid under contribution by Dr. Mickle, for it is evident he still continues to "distil the midnight lamp," and his youthful bibliophilism

has but grown with his growth and strengthened with his strength. Most earnest is our hope that the pace has been equal, for no animal machine can be worked with safety beyond its inherent strength, and the aggregate strength of every machine must be measured by that of its weakest part. The science of alienism cannot spare so valuable a worker, but in order that he may work well and long, he must learn to spare himself. England rejoices in his well-earned fame; Canada is proud of it, and humanity and science are grateful for the toil and devotion by which it has been attained. The book should be in the hands of every member of the medical profession. The disease of which it treats is, in all highly-civilized countries, becoming constantly more frequent, and in past years it was the rather unpleasant experience of the writer of these lines, that the diagnosis, at least in the early stage of the affection, was too seldom correctly understood. It is only in this stage that any favorable result from treatment can be expected.

DISEASES OF THE NERVES, MUSCLES AND SKIN, being Vol. III. of Dr. Hermann Eichhorst's Handbook of Practical Medicine, and Vol. X. of Wood's Library of Standard Medical Authors, 1886. New York: W. Wood & Co.

Also Vol. 2nd, by the same author, previously received, on "Diseases of the Digestion, Urinary and Sexual Apparatus."

The courage evinced by the enterprising house of Wm. Wood & Co., in issuing so comprehensive a series of volumes (no less than 12), from the pen of a foreign Professor, is deserving of applause, considering the fact that the field is already so densely filled with able, and we had almost hoped, exhaustive works on practical medicine. In truth these treatises now come so closely on each other's heels, as hardly to leave the reader time to bid good bye to one before a successor claims his attention; but in a country so fond of new things as the United States of America, there is always room, and some to spare, for more; and it is pleasant to see the Swiss republican so friendly taken by the hand by his trans-Atlantic brothers. The reader who desires to acquire a knowledge of the latest achievements in the science and practice of medicine, will find in Professor Eichhorst's volumes an abundant supply; and all who are pleased

with well executed pictorial illustrations, will award their admiration to the multitude of plates, no less than 263, which adorn these two volumes.

WORKS OF HIPPOCRATES, translated from the Greek by F. Adams, LL.D., in two volumes. New York: W. Wood & Co.

We welcome the second volume of this most interesting, and may we not add, instructive production? for we venture to believe, and to say, that our ancestors knew more, even of medicine, than their descendants give them credit for. It is now 2447 years since the great physician of Cos—we dare not say, *died*—for true greatness and true goodness never die—and as long as medicine continues to be cultivated as a true science and practised as a noble and beneficent art, the name and fame of *Hippocrates* must continue to inspire its votaries. The aged will read his works with that gratification which their veneration of antiquity and their sage experience never fail to evoke; and the young, who are lovers of classic lore, and admirers of brave and deep thinking, will be inspired with an elevating emulation, which, if duly cherished, will raise them above the meretricious devices of modern charlatanism. Surely that was a great country which gave to the world a Homer and a Hippocrates; and great too must have been its people. Great thinkers were they, and great doers also, and much do we owe to them.

OUTLINES OF THE PATHOLOGY AND TREATMENT OF SYPHILIS and Allied Venereal Diseases. By Hermann von Zeissl, M.D. Second Edition. Revised by his son, and translated by Dr. H. Raphael, M.D. Cloth; pp. 402. New York: D. Appleton & Co. 1886. Toronto: Hart & Co.

The author, from the experience afforded by more than 30 years of careful observation and research, has deservedly a high reputation as a syphilographer. His observations have included more than 30,000 cases, treated by him both in private and hospital practice. Much attention is given to the pathology of the diseases dealt with, as the author believes it to be the proper means whereby to understand the diagnosis and treatment of the various venereal affections; but, at the same time, the therapeutics receives sufficient consideration to make the work thoroughly practical. A large number of useful formulæ are in-

troduced, which will prove especially useful to the young practitioner. The translation is exceedingly well done, and we can heartily recommend the book to those wishing a comprehensive view of the latest ideas regarding venereal diseases.

THE PHYSICIANS' HAND-BOOK FOR 1887. By H. & A. D. Elmer, M.D. New York: W. A. Townsend.

This well known hand-book is now in its thirtieth year of publication. While always valuable, it has recently been thoroughly revised, and is now presented to the profession as the most complete ready-reference and diary combined in the market. It contains a fund of useful information in regard to diseases, remedies, doses, poisons and their antidotes, etc., besides a record for daily practice, all within the smallest compass.

SHARPENING HYPODERMIC NEEDLES.—A fruitful cause of abscesses in hypodermic medication is dull and rusty needles. The rust may be avoided by wiping the needles from time to time with rouge or crocus cloth, purchasable from any cutlery or hardware establishment. The finest emery cloth is too coarse for this use. Every physician ought to be able to sharpen his needles himself. The best hone for the purpose is that known as the Hot Springs or Washita razor hone. Thrust the needle with the wire in it, through a bit of soft velvet cork long enough to come within a quarter of an inch of the commencement of the bevel point of the instrument. The cork will serve as a handle for the fingers and at the same time holds the needle stiff and *aut*. It is also a guide in preserving the proper bevel of the point. A few light rubs upon the hone will put a keen point on the dullest needle.—*St. Louis Med. and Surg. Jour.*

Births, Marriages and Deaths.

On the 19th ult. Dr. E. A. Nealon, of Campbellford, aged 30 years.

On the 30th of Dec., A. M. Sloan, M.D., son of Dr. W. Sloan, of Blyth, aged 27 years.

On the 26th of Dec., J. M. Drake, M.D., of Abbotsford, Que., aged 59 years.

* * * The charge for Notices of Births, Deaths and Marriages is Fifty Cents, which should be forwarded in postage stamps with the communications.

THE CANADA LANCET.

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Original Communications.

SCROFULOUS OR TUBERCULOUS GLANDS OF THE NECK *

BY GEO. E. FENWICK, M.D.,

Surgeon to the Montreal General Hospital; Professor of
Surgery, McGill University.

The lymphatics of the neck are frequently affected by simple inflammation from cold. They sometimes become sympathetically enlarged from some local irritation; but what are known as scrofulous glands are so intimately connected with tubercle, if, indeed, they are not actually tuberculous, that they demand a separate consideration.

The term scrofulous has never appeared to hold any very definite signification. It certainly cannot, *per se*, be regarded as a positive state of diseased action known or indicated by a certain set of signs and symptoms, but is rather a state of the system generally, a peculiar constitutional condition or diathesis, acquired or inherited, which subjects the individual to the invasion of certain well-marked affections. The term scrofulous, as applied to enlarged lymphatic glands, does not indicate the actual condition of change in the gland structure. It is true that enlarged and caseating glands are constantly met with in persons suffering from what is termed scrofula or struma, but this state of enlargement and alteration in texture has long been recognized as due to or depending on the presence of tubercle. To discuss the history of tubercle would be foreign to my purpose, and would occupy more time than I have at my disposal. First definitely described by Bayle in the early part of this century, various theories and opinions have from time to time appeared. The discovery by Koch in 1882 or '83 of what he

named the "tubercle bacillus," and which he has demonstrated as existing in all tubercle, has completely revolutioned the views tacitly admitted by pathologists as to the actual nature of this change in the tissues. Koch believes the bacillus to be *materies morbi* of tubercle, so that the views held by Virchow that it requires evidence of the presence of military tubercle in connection with cheesy products to constitute true tuberculosis must be greatly modified, and it is now held that all inflammatory changes, whether in a state of cheesy degeneration or not, if the bacillus of tubercle can be therein demonstrated, must be regarded as tuberculous. While I have confined my observations to tuberculous glands, I must state that there are many other structures which are liable to the invasion of the tubercle bacillus, and which are recognized as properly coming under the heading, not of scrofulous degeneration, but of tubercular infection.

In discussing the subject of the liability of the various tissues and organs of the body to the invasion of tubercle, Volkmann holds that the evidence of tuberculosis depends (1) on its well-known structural appearance, (2) on the presence of the tubercle bacillus, and (3) on the positive results given by experimental inoculation. There is scarcely any texture of the body which is exempt from the invasion of tubercle, and it would seem that the lymphatics are specially open to attack, since their very function, as it were, exposes them to infection. Clinical experience points to the liability of the tissues to this invasion of the bacillus. While this great fact is borne out by every-day observation, it is equally true that a peculiar aptitude or condition of the system must exist to favor the occurrence of the disease known as tuberculosis. We may believe that many, if not all, are occasionally exposed to the influence of the *materies morbi* of Koch, but it would appear that a suitable soil is essentially necessary in which the germ can develop and give rise to the various changes that have been noticed in its wake. To this state of special liability to the invasion of tubercle—to this peculiar diathetic condition the term scrofulous may be applied with some definite signification.

Of all the superficial glands, those of the neck exhibit a special aptitude to the invasion or development of tubercle. The glands of the axillary

*Read before the Can. Med. Asso. at Quebec, Aug., 1886.

and inguinal regions are rarely affected. In the neck, the most favored localities are the submaxillary, the glands at the angle of the jaw, and those situated in the posterior triangle. Usually, when first seen, they are somewhat small, unless, indeed, they have for a time escaped notice, and have been left undisturbed, when they will occasionally attain a considerable size. They are described as having been met with, several inches in diameter, although I must say that very large glands have not, so far, come under my own observation. They are rarely single, more frequently the entire chain of glands is enlarged, some being exceedingly small, but very distinct, and sometimes the glands on both sides of the neck are implicated. They present firm, painless, non-adherent growths, quite movable, and feel as if they were connected the one with the other, which in verity they are, by enlarged and thickened lymphatic vessels. Occasionally large masses are met with, made up of several small glands held together by dense areolar tissue, not, however, completely fused, as the capsule of each, although markedly thickened, is perfectly distinct. The centre of each gland, if examined, will be found to contain soft, cheesy matter, somewhat resembling the curd of milk. This I have seen in very slightly enlarged glands, so that it would appear to be an early condition of change, and is not evidenced by any inflammatory state, such as redness or excessive sensibility. If the enlargement is left to itself, or if irritated by some local application, suppuration will advance. The skin over the growth inflames, becomes red and tender, the abscess, for such it is, soon bursts, and a thin, curdy pus is discharged. The areolar tissue around the gland is involved, and the skin becomes adherent. The abscess cavity, after the discharge of its contents, may fill up and close. More often, however, an indolent sinus is left, with thin, purplish undermined edges, or the integument may ulcerate, giving rise to a troublesome and unhealthy sore, which heals with difficulty. This constitutes the well-known strumous ulcer. If the sinus or ulcer heals, it leaves a depressed cicatrix, which becomes adherent to the deeper tissues. Occasionally prominent papillæ remain bound down by cicatricial ridges or bands. Resolution, after a fashion, does, in exceptional cases, occur without suppuration and discharge of pus.

The caseous matter becomes dry, the enveloping capsule becomes firm and dense, and an indolent, but somewhat unsightly, nodule remains, but which does not wholly disappear.

Another clinical feature of these so-called scrofulous glands is the tendency to extension to other unaffected glands in their immediate neighborhood. The disease will show itself, it may be, in a single gland, and will in due course extend, so that the entire chain of glands become implicated, thus showing a marked contrast with enlarged glands from other causes, these latter are generally single, and do not tend to implicate others. Constitutional remedies do not appear to possess any controlling power, but, like a smouldering fire, the action will go on regardless of all attempts to arrest it by either local applications or constitutional remedies. The disease, if left to itself, or if treated by internal and local means, will be found to follow the same course as above described. Abscesses will form and open, sinuses or ulcers be left, which in due course, if they do heal, will leave the part seamed, scarred and disfigured. While this local injury is in progress, we cannot prevent the infection of other vital organs, as this bacillus is in length about one-third the diameter of a blood-corpuscle, and in thickness it is stated to be one-fifth of its own length. A micro-organism of such a size is capable of entering the blood-stream, or of getting into lymphatic vessels, and of being carried to any organ or gland of the body. It naturally follows that if tubercle is in verity a mere inflammatory change due to the presence of this microbe, the sooner the microbe is removed the better, and the safer for the patient's life.

Very little is known concerning the actual mode of entrance of the microbe. Various theories have been proposed on this point, and perhaps all are correct, as they possess the semblance of truth. There is, however, one other fact in this connection to which experience points, which is, that individuals are not subject in the same degree to the chances of infection. It has been supposed that the bacillus may enter by the stomach or lungs, or some abraded surface, cuticular or mucous, and yet do no harm. The power of protection appears to reside in healthy-living tissue. But if there is some defect in constitution, some special vulnerability, the microbe meets with suitable soil, and

will there develop. It has been suggested that the peculiar soil in which the bacillus grows may with propriety be called scrofulous, and that the seed itself, the consequences of its growth and the manifestations which follow, would more properly come under the heading of tuberculous. Another point of great importance is that concerning the development and multiplication of the bacillus. Koch has pointed out that the larger the number of microbes introduced by inoculation the more rapid will be the diffusion of tubercle, until it becomes general. He has also described the mode of multiplication of the microbe by fission and the formation of spores. Such, then, being assumed as true, it naturally follows that to delay the removal of an infected gland is to expose the individual to the risk of general tubercular infection. But we have positive evidence on this point: it is within the experience of most of us that phthisis in many instances can be traced to or connected with scrofulous glands of the neck, or some other tuberculous affection either of the bones or joints or of other tissues in which the local malady preceded the general diffusion. And I think we can record other facts in this connection in which the removal of diseased or enlarged glands or of tuberculous joints has been followed by general improvement in health. Such general improvement will follow after the healing of sinuses or ulceration, which is the sequence to the discharge of pus from a tubercular abscess.

But what a contrast is the part which is left to nature with that which has been early dealt with by the surgeon's knife. In the one instance, the individual, after being subjected to the risk of general tuberculosis, will recover with the part seamed and scarred in every direction with adherent and puckered cicatrices, and this probably after years of suffering; in the other, the disease is at once removed, the patient is to a certain degree protected from infection by the entire removal of the diseased tissue, and this at the expense of a simple and not hazardous operation, a week or ten days surgical treatment, and ultimately a scar, which is not more than a narrow, thin white line, and which in some instances is scarcely perceptible. This radical method of treatment is, to my mind, preferable to that adopted by some surgeons, as laying open the part and scraping all diseased tissue away. In cases

where sinuses and ulcers remain, I should think the use of the spoon would be attended with good results, but even in these cases where there remains a ragged opening with thin undermined edges, it appears to me that removal of the entire diseased mass, freeing the skin from deep attachments, and bringing the edges carefully together, is a better method of treatment than that by the spoon.

Mr. Treves recommends the use of the fine point of a thermo-cautery, which he thrusts into the gland and passes it in several directions in the gland tissue. This method I never have employed, and I must say that it appears to me an unsurgical proceeding. I should trust alone to complete removal by the knife, and I may say that so far, I have not met with any case in which the entire removal has not been applicable. After removal, the subsequent healing is rapid; very frequently two or, at most, three weeks has sufficed to produce perfect union, and the subsequent scar has been slight and in time scarcely perceptible.

CASE I.—On the 17th April, 1873, I was consulted by a gentleman, aged 27, with a large glandular tumor situated on the right side of the neck, extending as high up as the ear. It was nodular, firm, and appeared to consist of several glands held together by dense fascia; it was to the inner side of the sterno-mastoid muscle, and was quite moveable. The tumor had been there for some two years, and had proceeded apparently from cold and exposure. For over twelve months he had been under treatment, various applications had been made, and the directions of his surgeon had been implicitly followed. He had taken iodide of potash, cod-liver oil, etc., without the slightest effect on the growth. When seen, the growth was the size of a goose egg. I recommended its removal, and the operation was performed on the 21st April, 1873. This man, although he had recently returned from England, was pale and looked out of health; he was weak, an unable to stand much fatigue. The wound united by first intention. It was before the days of strict antiseptic precautions. Silk sutures were employed, a drain was inserted, and the wound dressed with wet lint and oil silk. Four distinct glands were removed, and were all in a state of softening and contained pus. This I con-

sidered remarkable at the time, because there was no external evidence of such an event as suppuration having occurred. The following autumn he returned with an enlarged glandular growth lower down, and apparently beneath the sterno-mastoid muscle. This was removed on October 13th; three small-sized glands were removed with ease without disruption of their capsule, and in each instance the gland was found in a condition of caseation. Recovery in this instance was rapid; the wound closed in the course of ten days. I met this gentleman during the early part of the present month, August, 1886. He is robust and healthy in appearance, and the two scars in his neck are so indistinct that they would be readily passed over by a casual observer.

CASE II.—March, 1874.—This was a young woman, aged 27. She had a glandular growth situated near the angle of the jaw on the right side. Had been under treatment for several months. The iodide of lead ointment had been used, and other internal remedies. She was pale, thin, and with a phthisical family history, her mother, a sister and a brother having died of phthisis. She consulted me in regard to the tumor, which was most unsightly. I advised its removal, and the operation was done on the 23rd March following. A single straight incision was made and three distinct glandular masses, softened and breaking down, were removed. A portion of the skin over the growth, which had thickened and was adherent, had to be taken away. Recovery was rapid. Six months after the removal this patient had greatly improved in personal appearance, and a very slight whitish scar was visible, but it was soft and non-adherent to the deeper parts.

CASE III.—M. R., aged 20, admitted into the Montreal General Hospital in April, 1883. This patient had been operated on before, and several glands removed from the upper part of the neck. There was a chain of glands, enlarged, extending down almost to the clavicle; two at the upper part, a little below the angle of the jaw, had suppurated, and several sinuses led into a lot of gland tissue, which was disintegrating and discharging. This gave her great annoyance, and had a marked effect on her general health. She was pale, anæmic in appearance, had a very anxious, troubled look, and was very much depressed in spirits. I

recommended their removal, and she willingly consented. The operation was performed on the 25th April. An incision to the outer side of the sterno-mastoid and reaching to the clavicle had to be made; from this quite a number of glands were removed—in fact, all that in any way were enlarged. Several were open and were discharging pus, these being situated at the upper part of the wound; lower down they were small, but all had softened, and contained cheesy matter. With some considerable difficulty they were all removed, the edges of the skin pared and brought well together, and the wound dressed in the usual way after Lister's method. The spray was used throughout the operation and subsequent dressings. On reference to my note-book, I find that the wound had quite closed on the 15th May, but she did not leave the hospital for several days thereafter. I may state that this young woman is at present in robust health, and from being a weak anæmic girl, she is now making rich blood, and has greatly improved in appearance. The scar is white but perfectly free, soft and pliable, and unattached to the deeper parts.

I have the notes of some eight cases in private besides ten or twelve performed at the Montreal General Hospital, making over twenty cases that have come under my own observation. In all the results have been quite satisfactory. The general health of all these patients has been greatly benefited by the removal of the glands. Several, from presenting an appearance of decided ill-health, exsanguine, anæmic, and in a state in which you would suppose a general break-up was threatened, have markedly changed for the better, and assimilation has greatly improved. Several of these patients have become quite healthy and robust, have increased in weight, and have in no way suffered from the removal of these important organs, which were in verity, before their removal, so damaged as to possess little, if any, functional activity. I cannot do better, in this connection, than endorse the conclusions of Mr. Pridgen Teale, in some very excellent clinical remarks made by that surgeon in reference to tuberculous glands: "That surgery can secure the healing, in a very few weeks, of sinuses and cavities leading to diseased or tuberculous glands, even though they have existed for years, and that in cases of caseous and suppurating glands, the action of the surgeon should be vigorous and thorough."

CASE OF DILATATION OF THE STOMACH ARISING FROM CANCER OF THE PYLORUS.*

BY R. W. BRUCE SMITH, M.D., C.M., SEAFORTH, ONT.

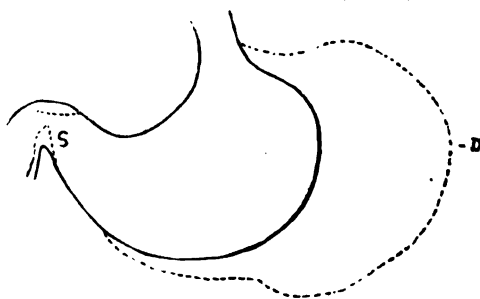
The case which I have been requested to report to this meeting, has in it some peculiar features to which I shall call your attention in the few hurriedly written notes I have before me. The case is that of H. R., a prominent citizen of this town, who died last week at the age of fifty-four years. His family history was good, both of his parents having lived to old age. He worked hard for many years as a carpenter and builder until about eleven years ago, when he noticed what he considered were symptoms of dyspepsia coming on. These symptoms gradually grew worse, and by those who saw him at the time his sufferings have been described to me as most severe. He suffered great pain, with nausea and vomiting. He became rapidly debilitated, and his appearance in every way indicated that his condition was most serious. After a few weeks, hemorrhage became almost a constantly recurring symptom, so that during the next fortnight he would several times a day, when vomiting, eject quantities of blood. Suddenly, however, there occurred a remission of the anorexia, pain, hemorrhage and vomiting so that the patient believed he was recovering and was able to take plain nourishment in small quantities. The natural condition of the stomach seemed to have returned and he was soon able to do light work. The medical men who had seen the case were as much surprised as they were pleased to notice this remarkable change. Their diagnosis had been cancer of the stomach, and although their patient seemed to be recovering, they did not waver in their opinion. I may depart from this subject to note the fact that one of the medical men, Dr. H. L. Vercoe, a man highly esteemed in the profession, has himself died of cancer of the intestine since the apparent recovery of the patient, whose case I am to-day reporting to you. I well remember Dr. Vercoe relating to me the peculiarity of this case and assuring me that he still believed there was malignant disease of the stomach in the case of Mr. R. His consultant in the case had been Dr. Gouinlock, now of Warsaw, N. Y.

*Read before the Huron Medical Association, Jan., 1887.

Since the time when Mr. R. began to recover from his severe illness, his condition, as I have said, continued to gradually improve, and two years afterwards he visited Scotland and seemed to return with renewed vigor of body and mind. In company with his sons he continued for several years to manage a grocery and a large meat packing establishment having at times a great deal of responsibility resting upon him. He however enjoyed fairly good health although he had at all times to exercise great care over his diet, any irregularity in which would bring on the distressing vomiting, similar to that of his former and much dreaded illness. He received little or no medicinal treatment. He had a powder composed of bismuth subnit. and sodii bicarb. and a pill of nux vomica, with which he told me he regulated any slight attack of indigestion that might arise. His appearance, although not rugged, bore no evidence of any serious ailment. On November 30th and December 1st he had long drives amounting in all to about 60 miles, and was exposed to cold and went home on the evening of December 1st, thoroughly chilled. I saw him on the following morning and found him with both temperature and pulse normal, but suffering greatly from nausea and unable to retain anything on his stomach. I prescribed lime water and milk with 10 gra. of lactopeptine combined with sodii bicarb., and this relieved him for a few days, after which all the symptoms of the illness from which he suffered eleven years previously, with the exception of the pain, returned. Liquor bismuthii was tried with success for a few days, but like the other remedies seemed to only afford temporary relief. It is not necessary, gentlemen, to occupy your time by reading to you all the notes I have on this case. The patient gradually became weaker and the stomach refused to bear all nourishment, and latterly everything was vomited shortly after being taken. The bowels were constipated throughout. A splash or succussion sound was plainly heard on shaking or moving the patient, and when a large mouthful of fluid was swallowed it could be distinctly heard dropping into the enlarged cavity. These latter diagnostic signs were more marked than I had ever seen them before, and convinced me that the amount of dilatation must be very great. The irritable condition of the stomach continued, and nothing but small quantities of peptonized milk

would be retained longer than an hour. Owing to the very weak condition of the patient, and the apparently hopeless nature of the case, rectal alimentation was not resorted to. He died of exhaustion after being confined to the house for 36 days, and he assured me the day before death that he had scarcely felt a pang of pain during his illness. In his sickness eleven years ago his pain was very severe. At that time he had frequently vomited blood, this time no appearance of hematemesis was manifest until shortly before death.

Post Mortem.—Having secured the consent of the family, a post mortem examination was made twenty-eight hours after death, at which I was favored with the presence and assistance of Drs. Campbell and Scott. After exposing the viscera, we found the stomach greatly enlarged and extending down into the lower portion of the abdomen. The liver was crowded out of its normal position, until the left lobe had taken the position of the right, and the latter was occupying a more central position. Between the stomach and the liver the result of local peritonitis was seen in numerous



adhesions, most of which bore evidence of not being of very recent origin. The gall bladder was found higher up than usual, and between it and the muscular coat of the stomach near the pylorus strong adhesions were found. The coats of the gall bladder were broken down and the contents escaped. The liver was about normal in size and color, although there were slight patches of discoloration, these were probably due to the escaped contents of the gall bladder. I have made a rough diagram representing as well as I can the size of the stomach, and indicating the site of the malignant disease.

Measuring the greater curvature as shown in outside dotted line, we found it to be 30 inches, and that a straight line from the cardiac orifice to the pylorus was 19½ inches. In the stomach was

found about a quart of fluid, of black yeasty appearance, and intensely sour in smell. The mucous lining of the stomach was found slightly congested, but free from any appearance of ulcerations. You will note in the diagram the site of the malignant growth, which under the microscope was found to be scirrhus. It extended slightly into the duodenum on one side. Under the microscope the fibrous stroma appears far in excess of the cell element, but the latter is sufficiently distinct to fully demonstrate the nature of the growth. The stenosis was most marked, the pyloric orifice being reduced to the size of an ordinary lead pencil.

One of the peculiar features of this interesting case was, as you will notice, the great length of time that elapsed between the first appearance of those symptoms, which lead to the diagnosis being made of cancer of the stomach, and the second attack—eleven years. I believe that this case establishes the fact that during the course of cancer of the stomach we may be often much puzzled by a remission of the anorexia, pain, hemorrhage, and vomiting, and have such improvement seeming to take place that the patient believes he has recovered. In this case two careful practitioners after diligently studying all the symptoms of the case, announce the fact that the patient is dying of cancer of the stomach. The patient's condition suddenly improves, and shortly afterwards he resumes every day work. For eleven years, although not very strong, he enjoys comparatively good health, and has suddenly a return of all the old symptoms with one notable exception—the pain is absent. Then after a week's illness the patient dies, and a post mortem examination reveals the fact that the diagnosis made eleven years previously is verified.

COMPOUND FRACTURE OF THE LEG, TREATED BY PLASTER-OF-PARIS BANDAGE.*

BY DR. CAMPBELL, SEAFORTH.

W. H., æt 37, a native of Canada, laborer in the Seaforth Salt Works, when working at his occupation of raking salt, the following accident took place. He allowed a book to fall down between plates of iron which were leaning against

*Read before the Huron Medical Association.

the wall. These plates each weighed 450 lbs. The book having fallen between the second and third plates, he undertook to separate them, by pulling two of the plates towards him. He found, however, that they were too heavy and he was forced back with his load, when he tripped on a plank which was behind him, and fell with 900 lbs of metal on the top of his legs. The edge of the plates pressed in his right knee breaking both bones of the leg four and a half inches above the ankle. He was taken home and his boot pulled off, when it was found that the ends of both bones had not only come through the skin, but through a woollen sock as well. The hemorrhage was pretty severe, but yielded at last to pressure and plugging with surgical cotton wool. The wound was dressed in the blood with the surgical wool well sprinkled with iodoform placed over the orifice, the whole being covered with lint and oil silk. It was then placed in a fracture box in which it was kept for four weeks, and carefully watched but the wound never exposed during all that time. Pain was relieved with Wyeth's pellets of morphia. There was no bad odor from the wound, no pus discharged and no elevation of temperature during the whole period.

At the expiration of the four weeks the wound was found almost completely healed, there being only a small granulation about the size of the point of the little finger remaining to shew where the wound had been. This we touched with argent. nit., after which, with the aid of Dr. Smith, we put on a well-fitting plaster of Paris bandage which was left on for seven weeks, after which time it was taken off and the patient furnished with crutches which he used for a time.

Sixteen weeks from the time of the accident he walked by the aid of a staff, and twenty-one weeks from date of fracture began his old business, and has worked at heavy work ever since, and suffers no inconvenience whatever. The present condition of the patient is good; there is no pain in the limb, the union is perfect and there is not the slightest deformity.

The patient was examined by the members of the Association, and the result proved to be an excellent one. Dr. C. strongly recommended the treatment of this formidable accident, which used to be so unsatisfactory, and in many cases fatal, by the plaster bandage aided by iodoform and sealing

the wound in the blood. The treatment of simple fractures of the leg and arm by this method was eminently successful and gave the surgeon very little trouble.

Correspondence.

POST MORTEM AND POST MORTEM.

To the Editor of the CANADA LANCET.

SIR,—As it may be somewhat instructive as well as amusing to your many readers, I thought I would give you a description of a Post Mortem examination recently held in the State of Michigan. This morning I was called upon by a brother knight of the scalpel, and asked to assist him at a P. M., on the body of a child, found dead in bed on the morning of the 31st ult. I accordingly went with him more to see the "performance" than for any other purpose. I might here state that there was to be an *inquest*, by one of the J. P.'s of the Township. After the jury (of six) was assembled and sworn, my colleague and myself proceeded to our part of the work. The body was brought into the room where the inquest was to be held, and "viewed," not only by the jury but by the company at large. My brother of the scalpel produced a jack-knife and what seemed to be a jeweller's tongs (which I found out afterwards to be so.) He then proceeded to make the P. M. He made an incision, from the superior end of the sternum to the tip of the ensiform cartilage. Then dissecting back, he soon had the sternum and cartilages turned over the face of the corpse. He then turned out the right lung and gave the jury a lecture on it, showing the difference between hypo-static congestion and congestion from suffocation. He then proceeded the same way with the left lung. He next raised the heart into view, stating at the same time what he expected to find there, and with his "knife" made two "slashes" into it, and looking very wise, shewed to the admiring jurors and spectators present that *he* was correct. This finished the P. M. He was then duly sworn and gave his evidence accordingly, I was then sworn and had of course to corroborate my senior's evidence. One thing which struck me as being very odd was that the father of the child was absent and was not called as a witness. The J. P. seemed very proud of his position, but ad-

mitted that this was his first case of the kind. This is how they do things in certain parts of Michigan, and the medical ethics and etiquette are treated in about the same way. There is a code, but no one pays any attention to it, not even the leading light of the profession.

Yours, etc.,
MEDICO.

Michigan, Feb. 1, 1887.

Reports of Societies.

CHATHAM MEDICAL AND SURGICAL SOCIETY.

Chatham, Feb'y 4th.

The President, Dr. Rutherford in the chair.

Dr. Bray reported a case of double synchronous amputation of the upper extremities in a boy, seven years old, with a good result. The injury necessitating this operation was the crushing of both arms by a shunting railway car. One limb was taken off about two inches from the shoulder, the bone not being shattered into the joint; the other, about the middle of the forearm. Dr. Bray wished to know if his treatment was correct or should he have disarticulated at the shoulder joint. Most of the members present thought he pursued the proper course.

Dr. Rutherford related the case of a boy, shot in the palm of the hand, the bullet lodging about two inches above the wrist. The bullet was removed and both wounds were closed with lint soaked in compound tincture of benzoin, with compresses of wadding over this. Both wounds were perfectly healed and the boy able to return to his work in four days.

Dr. Holmes narrated a case of suppression of urine, which will be published in full at some future date.

Dr. Bray read a paper on the treatment of pneumonia, dividing his cases into children, adults and those over 45 years old. Children; first clean out the bowels with oil or rhubarb and soda, with a little grey powder, then give a mixture of spts. mindererus, æther nit. and in some cases tincture of aconite, with small doses of quinine. At the same time envelop the chest and back with hot linseed poultices, applying a lint or two over the chest if there be great dyspnoea. After the

acute symptoms have subsided, substitute a cloth soaked in chloroform liniment, B. P., and covered with oil silk, for the poultices. If cough be troublesome, a stimulating expectorant of carbonate and muriate of ammonia with squills, and senega is given. Diet on milk, adding lime water and pepsine when necessary. He rarely gives anodynes to children, except when acute pleurisy is present. If the latter be subacute with much effusion he applies iodine or cantharidal collodion. Adults; much the same treatment will suffice, but pain must be controlled with anodynes. If the heart be weak, leave out the aconite and add digitalis to the mixture given in the acute stage in children, also give stimulants in the form of brandy or whiskey. The great danger in these cases is from heart failure and this must be guarded against by every possible means, medicinal and dietary.

In the last class of cases stimulants must be given from the first. In these cases especially, avoid blisters and all depressing measures. The reader of the paper has seen nothing to convince him that pneumonia is contagious; but believes that climatic and atmospheric influences produce endemics and epidemics of it. When pneumonia is epidemic, give stimulants early and a guarded prognosis.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Montreal, Dec. 15th, 1886.

J. C. Cameron, M.D. President in the chair.

Dr. W. G. Johnston exhibited a specimen of aneurism of the innominate artery, which had eroded the sternum and first and second ribs on right side. The arch of the aorta was unaffected. The right carotid and right subclavian were given off from the sac. The left carotid and left subclavian pressed upon and pushed over towards the left. The superior vena cava was obliterated through pressure at a point two inches above its origin. Azygos vein enlarged to the size of the ring finger, and communicated by a large branch with the superior intercostal vein. Superficial anastomoses of epigastric and hypogastric veins were prominent. Hemorrhoidal veins normal.

Dr. Ross said that the patient had been under his observation for eighteen months, and was never recognized as a case of aneurism of the innominate

artery, but the symptoms pointed more to the arch of the aorta. The earliest symptoms were pain at the back of the neck and shoulder of a neuralgic nature, accompanied with cough. These were relieved by potassium iodide. The patient got better of his first attack, but was frequently laid up in hospital. Enlargement of the superficial veins of the abdomen and thorax was early evident, but lately the superficial veins were tortuous and as large as a man's finger. The patient also exhibited signs of intra-thoracic pressure—such as paralysis of the right vocal cord, rattle in the larynx, and signs of pressure on the trachea.

Dr. R. L. MacDonnell who had had the case under observation for the last fourteen months said: There were two points of clinical interest in the case. In the first place, the results of the use of the sphygmograph were deceptive. The tracings obtained showed very marked interference with the blood current through the left radial, hence he had assumed that the aneurism was situated on the arch at a point beyond the giving off of the innominate artery, the fact being that the great dilatation of the innominate artery caused not only an impediment through that channel, but by its bulk had pressed upon the subclavian and disturbed the flow of blood to the left upper extremity. In the second place, the relief afforded by the iodide of potassium had been most effectual. Whenever the drug had been discontinued, or whenever the patient had been unable to obtain it, the pain and dyspnoea had increased.

Dr. Wilkins referred to a case in his practice where there was obliteration of the superior vena cava from clot, which produced no varicosity.

Dr. Ross said one of the early symptoms of the case was a suffused appearance of the face, but the varicosity did not progressively increase; it was sudden and at the last.

Dr. Johnston exhibited for Dr. Neilson specimens from a case of typhoid fever complicated with diphtheria. There was a well defined membrane covering the fauces and extending through the larynx to the smaller divisions of the bronchial tubes. The spleen was enlarged, and there were typhoid lesions in the intestines.

Dr. R. L. MacDonnell exhibited the skull of an idiot which had been dissected at McGill College. There was on both sides deficient development of the petrous portion of the temporal bone. The

base of the skull, as seen from within, was flat, the petrous bone not forming the normal ridge between the middle and posterior fossæ. The organs of hearing had never reached development, there being in reality but a rudimentary tympanic cavity. The foramina through which the various nerves passed were small. No previous history of the case had been obtained. The subject presented several other abnormalities. 1. The right common carotid divided into its external and internal division opposite the lower border of the thyroid cartilage. 2. The left common carotid did not divide at all, but was continued upwards as the internal carotid, the superior thyroid and lingual arteries were given off this common trunk, and the facial from the lingual. 3. The hypoglossal nerve was given off from the pneumogastric. 4. There was deficient development of the teeth. The bicus-pids were represented by small round pegs. The molars were ill formed, small, and rounded like milk teeth.

Dr. Wilkins, 1st Vice-President, then took the chair, and Dr. Cameron read a paper on "*Aseptic Midwifery*."

Dr. Kennedy agreed with Dr. Cameron in his conclusions. He rarely allowed a patient to have a douche; always believed in using it in person, as he found nurses, as a rule, unreliable. He could tell by the temperature chart in the hospital which nurse had charge of a ward. He did not believe in the use of a douche unless there had been operative procedure.

Dr. Roddick said he had long believed antiseptics to be as important in midwifery as in surgery; but from his experience, as well as from the facts in the paper, he now regarded it of even more importance in the former. In 1877 he had been asked to give some rules for the guidance of a friend, then superintendent of the Hamilton Hospital, and had laid stress on the use of antiseptic injections previous to delivery, as before operations in surgery. The results were good in Hamilton, though only tried for a very short time. He thought the excellent results obtained in the Queen Charlotte Hospital were largely due to the previous washing out of the vagina, as the discharge before labor was often septic.

Dr. Alloway said that owing to the acceptance of aseptic midwifery the mortality had notably decreased during the past five years. It is rare now

to hear of septic cases, much less of death. For the last five years he had been an antisepticist, and had not witnessed a single death during that period, though, through nurse or midwife examining patients, he has seen many cases of septicaemia. He cited, as an example, where one midwife had lighted up several septic cases. Dr. Roddick's importation of Listerism had induced him long ago to apply it to midwifery cases. Dr. Cooper of New York reports 40,000 cases in Vienna with results similar to those stated by Dr. Cameron. He (Dr. Cooper) insists on using corrosive sublimate whenever there is any abrasion of the vagina.

Dr. Trenholme said he had never had a case of septicaemia in his practice, though he never uses a tube, and believes this result due to the great care in removing the membranes and placenta entire.

Dr. Shepherd called attention to the results, as stated by Dr. Cameron, of removing by the curette any adhering portions of the placenta as soon as septic symptoms appear.

Dr. Cameron, in replying, stated that the use of the jute pad and iodoform to the vulva after delivery was analogous to the mode of stopping a test tube in germ culture. There is always danger of carrying in the air with the douche, and for that reason he prefers the dry dressings.

Selected Articles.

EXAMINATION OF THE URINE.

BY J. MILNER FOTHERGILL, M.D., EDIN.

When I was a medical student—a good many years ago—I was taught with scrupulous care how to examine the urine for albumen and sugar; but long years of practice have taught me that it is much easier to detect the presence of either of these substances, than to make out their significance when found. The simplicity of test-tube examination possesses a certain fascination for some persons. Albumen is found, and of course Bright's disease is afoot. Sugar is found and behold the dreaded *Diabetes Mellitus* has laid its mortal grip upon the patient. This is all very well if it only happened to be true! There is where the hitch lies. For that class of mind which can only see the gravest aspect of any subject, this is all very well. Some people can never restrain themselves from exhibiting their cleverness in the shape of letting one see they know and realize the full significance of what they discover. How many medical men took to their beds to die when they found albumen in

their urine, soon after Bright drew attention to albuminuria; but finding that the King of Terrors did not call for them threw off their apprehensions, left their beds, and went back to their work? A great many more than care to say much about it. What Dr. Bright did teach was that "when dropsy was found with albumen in the urine then disease of the kidney was present." But very soon the dropsy factor got left out, and albuminuria alone involved Bright's disease. This shows as Franklin Blake said in "The Moonstone;" viz., "We English are the most slovenly thinkers in the world except when making machinery." But in this case the English do not stand alone in slovenly thinking. The medical world at large simply took leave of its senses. I do not for one moment wish to convey the impression that the reaction of the urine in a test tube is not to be noted; only it does not work well in practice to attach undue and disproportionate importance to one symptom, to the exclusive and comparative neglect of others. Yesterday a patient at the hospital with syphilitic cachexia brought some urine as she had been directed to do by my clinical assistant. I told him it would probably be albuminous. He examined it, and found one-fourth albumen. Now what light does this clinical fact throw upon that particular case? I am bound to admit that I, at least, do not know. The darkness is unilluminated by it; but my *belief* is that her cachectic state is largely due to the loss of albumen by the kidneys rather than that there is any kidney disease present.

This is an aspect of albuminuria in my opinion, too little considered. If there exist a constant drain, no matter whether of serum-albumen or peptones, the system will be imperfectly nourished. A case came under my notice two years ago in the form of a Cambridge undergraduate who was pale and weak, and feeling unfit for his work. Albumen was present in the urine in unmistakable quantities. In that case two views could have been taken up, and maintained perfectly honestly. My opinion inclined to the case being one of malnutrition in which the loss of albumen played a part. At any rate the lad got well, and the albumen disappeared from the urine. But because such cases do crop up, the systematic examination of the urine need not be flung aside like an obsolete weapon. Then again persons who have had malarial fever are very apt to pass some albumen. One well-known surgeon left India and came home believing that his health was broken and gravely impaired; but after ten years he is still hale and vigorous. We often talk the matter over, and regret that so much misapprehension exists on the subject. In any interference to the portal circulation, albumen is liable to show itself in the urine. When the interference is removed the albumen disappears.

Bearing in mind these facts, the obvious conclusion is this: It is not proper to assume that albuminuria indicates Bright's disease. A medical man has no moral right to alarm a person by announcing Bright's disease merely on the discovery of albumen in his urine. It is as unjustifiable as to inform a man his house is on fire merely because his chimney is ablaze. Before saying anything to the patient the urine should be carefully searched for tube-casts, and if they are discovered then the announcement is justifiable, but not until. Of course, no man but a fool or a crank would undervalue the significance of the evidence furnished by the test tube. Say it is a case of cardiac dropsy. The appearance of albumen in the urine while the case is under treatment is almost the herald of despair. But here the circumstances of its appearance are known; but if a patient comes under notice with cardiac dropsy, and the urine is found to be albuminous, its significance is by no means so ominous. Any cause of venous fulness in the kidney may give rise to albuminuria; but it is very important what the cause is, as that will determine the significance to be attached to the albuminuria. An albuminous condition of the urine derives its import from its associations, and the men who disturb the peace of a family merely because the urine in the test tube gives evidence of albumen, are scarcely fit for their vocation, and certainly take a very oblique view of the moral obligations of a family physician. Again as to the presence of sugar in the urine. Many medical men have lost their heads in a manner nowise creditable to them on finding some sugar in the urine, whether their own or that of some one else. The discovery of sugar should at once put the medical man on the alert, just as does the discovery of albumen. In either case the medical man should at once be upon his guard; but this is a very different matter from abruptly delivering an adverse opinion. The latter is very much like condemning a suspected man without going through the preliminary of a trial to ascertain if he is guilty. The evidence against him at first sight may seem damning, but the process of trial may demonstrate his innocence, and not his guilt. When albumen or sugar is detected in the urine of a patient, then a searching examination into the facts of the case is incumbent upon the part of the physician.

As to sugar, corpulent persons often pass saccharine urine, and especially corpulent, gouty persons. What significance glycosuria possesses under the circumstances is unknown to me. One such case has been under observation for over eighteen months. There were other symptoms present telling that the case was something more than mere glycosuria. While allaying the lady's apprehensions as to any immediate danger, both she and I firmly believe she will die of diabetes.

And why do we both believe this? Because from family circumstances she is subjected to worry and annoyance from which she can not emancipate herself. But as to other cases they seem to go on for years without any deepening of the condition. There are other circumstances, however, under which glycosuria is found which give it much significance. All physicians of any experience have met with cases where an acute condition of diabetes is started by a sudden shock or fright. Such associations are matter of notoriety. But the association of chronic *diabetes mellitus* with mental conditions is far less generally realized. Yet those who are giving special attention to the subject are beginning to be strongly of the opinion that diabetes is casually dependent very often upon "carking care," disturbing the liver as regards its glycogenic function. If this view can be substantiated, and I for one think it can, then the appearance of sugar in the urine, even in small quantity and fitful as to presence, is terribly suggestive. If such a case be watched it will be found to deepen in gravity; for a while a strict diabetic dietary may afford relief, but it turns out to be a case of "the further in the deeper." Of course this is the more likely to occur if the patient continue to carry his load of care. If, however, the load be lightened the result may be otherwise. The glycosuric condition may remain static for years. With one such case I am intimately familiar.

Diabetes—not merely glycosuria, but something more—is a malady which does not necessarily progress with steady, relentless tread to the tomb. We must learn to regard it as a disease which may take its origin in small beginnings and deepen to death; or be arrested, as the case may be, and according to what measures are taken. If this view be well founded the appearance of sugar in the urine is fraught with high significance. Nor is the difficulty to be met by gluten bread and almond biscuits. That is the narrow not the wide view of the subject. When a hard-working business man is a patient, in my opinion, a regular periodic inspection of the urine should be made, and when traces of sugar even are detected, to keep a keen watch over the patient. If small quantities are pretty constantly present, then he should be told frankly and honestly his true position, and the facts looked in the face. Such a man will be liable to temporary aggravations of his condition on any passing extra mental perturbation. Such a case is well-known to me, where a glycosuric man is a diabetic when anything gravely puts him about. In such cases the urine varies hand in hand with the general condition; and the urinometer will register the case pretty accurately. Then there are cases of glycosuria where the amount of sugar is considerable in the urine passed three hours after a meal; while the urine passed in the morning contains but little

sugar. Speaking broadly such a condition carries with it a better prognosis than where the morning urine differs little from that passed at other times.

Sugar, like albumen, in the urine is a stiff hint to a medical man to put on his studying cap? As to the presence of phosphates in the urine, they may merely be made visible because the urine is not acid enough to keep their solution. It gives a patient a greater interest in himself and his maladies to tell him he has phosphates in his urine; especially if at the same time the impression is conveyed to his mind that phosphates do not belong to healthy urine. Even if they be present in considerable amount it is not easy to appraise their import, since Sir William Roberts, F.R.S., in his well-known treatise on "Urinary and Renal Diseases," says:—"There is not the least reason to believe that there is any constitutional state specially characterized by and excessive excretion of phosphates."

If in what has been written here the reader detects a latent contempt for test-tube examination of the urine, he will kindly please to understand that the contempt is not felt for test-tube examination of the urine—certainly not—but for the way it is too often done! No medical man ought to give an opinion on one examination of the urine. Of course in consulting practice one has too often to remain contented (or may be discontented) with one examination; and as a consequence of this, the examination of the urine of one twenty-four hours falls into a subordinate place in the diagnosis. One has to teach oneself to observe the other features of each case. And there is one matter about the urine of the very highest importance and significance in my opinion, and that is—the patient's account of it! How much he passes; if he gets up at night to pass it; what it is like when it is passed; and what it is like when it has stood over night in a cool place.

When the urine of an animal possessed of a four-chambered heart and a fluid urine, deposits, on cooling, a quantity of urates—the form of urinary excretion belonging to animals with a three-chambered heart and a solid urine—depend upon it, the kidneys will suffer sooner or later for this reversion on the part of the liver. Human kidneys are not constructed to excrete the comparatively insoluble urates; and if they have to do so for a continuous time they become injured. If the urates are formed in large or considerable quantity, one of two things must occur, (1), the kidneys are injured by the out-put; or (2), the urates are retained in the system as gout. The first gives Bright's disease; the second gout in some form. Often the condition is a blend of the two. If the bulk of urine be habitually small, some obstruction to the blood flow in the pulmonic circulation (heart or lung) suggests itself. When the flow is copious

and the color pale, and the specific gravity low, Bright's disease with the large left ventricle, and the hard artery—with the resultant high arterial tension—is fairly certain. This is rendered more probable if at the same time the patient gets up at night to empty the bladder. Why he does so is too long a story to be told here. Examination of the urine as regards the patient's account of it, is grossly neglected; just as the reaction of one sample of urine in a test-tube is too highly estimated at the present time. And if the points put in this paper be conned over by the reader, and applied to his cases under care, I venture to think some mistakes—potential or actual—may be avoided. A negative lesson it certainly conveys. Let not the reader abandon test-tube examination of urine; but let him make it more perfect and more extended as to time and duration of observation. What I do denounce—and I do not denounce it more heartily than I detest it—is the too common practice of giving grave opinions from a casual observation. And to point out the sources of fallacy, as has been done, is the only way to secure more careful examination. Certainly no patient should be told he is the victim of Bright's disease until a patient microscopic examination has been made. In the same fashion must the significance of sugar be determined—only here the microscope can lend no service; viz.: by common sense and special knowledge. Rash medical opinions rapped out on insufficient evidence may appear to establish the cleverness of the utterers; but it is positively certain they have added a distinct amount to the sum total of avoidable human misery; and therefore constitute a practice to be heartily denounced and reprobated by every one who loves his fellow-men.—*New England Medical Monthly.*

SOME POINTS IN MINOR SURGERY AT THE PENNSYLVANIA HOSPITAL.

Dr. Thos S. K. Morton (*Medical News*.) Shock is combated usually by warmth and stimulants. The former is applied by means of hot baths or water bags, generally the latter. The patient is surrounded by rubber bags filled with hot water. These we have had made for the purpose. They are round, from one and a half to two and a half feet long, from four to six inches in diameter, and have a filling-hole with a screw cap at one end, and a handle at the other. Atropia is freely used. Whiskey, ether, digitalis, aromatic spirits of ammonia, or, in desperate cases, aqua ammonia itself, was given. The injection of pure ammonia is, of course, always followed by local sloughing. Mustard, hot fomentations, large enemas, and drinks of warm fluids do good service. Previously warmed blankets are a great comfort as well as of benefit.

In the amputation of fingers and toes below the metacarpo- or tarso-phalangeal joints, rubber umbrella rings are used as tourniquets. The flaps are closely stitched, and, if there be any bleeding when the ring is taken off, a deep lateral stitch back of the line of incision on one or both sides will always effectually control it. We never put a ligature upon these arteries, finding the above method amply secure, and, as far as our last few hundred such amputations show, unattended with disadvantage.

In exarticulation at the metacarpo- or tarso-phalangeal joints ligatures are applied if possible, but if the bleeding is obstinate, a deep stitch into the palm or sole can be made to control the appropriate vessel. These operations receive the usual house dressing and a palmar splint. They are, as a rule, not dressed for from ten days to two weeks, when solid and complete union is expected and usually found. Catgut sutures are passed through finger- and toe-nails without fear, if by so doing crushed or cut parts can better be brought into shape, and also in operations for ingrowing nails. We have saved many fingers, ears, and noses, which came in hanging by mere shreds of tissue, by promptly sewing them in place, and treating antiseptically. No opportunity has occurred by which to test the saving of those parts when entirely severed from the body. Abrasions and brush burns are carefully cleansed and treated with either boracic acid ointment, or the standard house dressing. The latter consists of: Protective; Lister gauze, wrung out of 1 : 1000 Hg-Cl₂ solution, and its skin surface thickly dusted with iodoform; a pad of dry 1 : 1000 cotton, and moist 1 : 1000 gauze bandages over all. We have found that Lister's boracic acid ointment makes up better if wax be substituted for the paraffine of his formula. Our receipt is: boracic acid and yellow wax, each 1 part, cosmoline 4 parts.

Ligatures are never applied except in the largest operative and accidental wounds. Sutures run under or through the bleeding points effectually control them. No trouble is experienced in tying catgut sutures or ligatures, when the first tie of the knot is made as for a surgeon's knot. Catgut is invariably used for these purposes. In treating some hundreds of scalp wounds, no matter how extensive, I have never applied a ligature, always finding that carefully placed sutures will stop all hemorrhage. Stitches are placed very close together in all wounds; this presupposes proper drainage if it is necessary. If so, it is secured by a few strands of finest catgut, placed along the bottom, and brought out at one end of the wound. Small or superficial wounds as rarely require drainage as ligature. Scalp wounds are not drained unless extensive. If the edges are much contused or torn, they are excised. Quite small wounds of the scalp or elsewhere, and sometimes larger

ones, are, after antiseptic closure, covered in with a minute pad of bichloride cotton, and plastered down with either pure collodion or combinations of it with such drugs as evaporated tincture of benzoin (evap. fl. $\frac{3}{4}$ ij. tr. benz. comp. to fl. $\frac{3}{4}$ ij., and make to fl. $\frac{3}{4}$ ij., with collodion), iodoform (10 per cent.) salicylic acid, etc. Wounds too small for stitches are similarly treated. Large wounds, of course, receive the house dressing and possibly drainage.

Very tense hematoma are freely incised, the clot or fluid blood curetted out, any bleeding vessel stitched or tied if it can easily be found, and the whole sewn up with or without a drain, according to size, and dressed with some compression. Slowly resolving hematoma or those in which suppuration is present or incipient, are manipulated in exactly the same way.

Punctured wounds are laid open, curetted, washed with 1 : 1000 corrosive sublimate solution, and closed as above. If the bottom cannot be reached, a small drain should be carried as deep as possible, and the best hoped for.

Gunshot wounds are treated in much the same manner. If it can readily be done, the ball is extracted through the wound or by counter-opening. The entrance and exit (if there be one) wounds are excised, the track of the ball curetted thoroughly, a small gut drain carried all the way through, and the external wound treated as simple incised ones.

Compound fractures, if the skin wound is small, are freely cut into, washed with 1 : 1000, curetted, accurately stitched, and, if extensive, drained with catgut. Some of them are dressed more frequently than the actual wounds require in order that good position of the bones may be secured. Wounds of joints are treated in precisely the same manner, save that, unless they are dirty, we are satisfied with thorough washing with 1 : 1000, and omit the curette. Cure in one dressing is here attempted and good function expected.

Poisoned wounds are also treated somewhat similarly, but the utmost care is taken to get to the bottom of the wound itself and into all ramifications and sinuses with the curette and strong antiseptic solution (1 : 500). If the wound is very bad and cellulitis present or threatening, continuous antiseptic irrigation (1 : 2000) is started as soon as the cleaning out is effected. Large glass percolating jars, with glass stop-cocks, or other regulating device, suspended over the part give best satisfaction. Whilst thus employing irrigation any wounds should be well covered with protective, the whole part covered with lint, and the solution allowed to drip upon it. Suppurating wounds might be classed as poison wounds, for the treatment is almost the same, namely: curette and antiseptic solution (1 : 1000 or 1 : 500), excision of wound edges and, as usually, accurate approxima-

tion, with or without a drain as circumstances indicate. Punctured, gunshot, suppurating, poison, and compound bone and joint wounds when thus dealt with, as a rule heal by primary intention and under but one dressing.

Felons, buboes, simple and suppurating cysts, inflamed burse, and large, small, and diffused eradicable abscesses are treated by exactly the same method and usually with like results. In-eradicable abscesses, such as the psoas, are treated by this method as far as it can be made to go, and are then drained into an antiseptic dressing by means of a rubber drainage tube; through which they are from time to time washed out with antiseptic solution. Care must be taken in so doing, however, whether it be these or other cavities, not to let any of the solution remain in. It should be displaced by a weaker solution or distilled water. It cutting into abscesses, old hematoma, etc., a better result is secured by opening them from one side through sound tissue. Simple cellulitis is treated like the complicated form as described above.

Burns, if small in area, or confined to an extremity, are treated by the regular antiseptic dressing. All easily removed, dead skin, etc., is taken away; the parts washed with 1:1000 bichloride solution, or iodoform sprinkled on (in part for its analgesic effect), then protective in narrow strips, and the dressing and cotton. Anesthesia may be required to do this properly. Extensive burns are covered in with boracic acid or oxide of zinc ointment, the surface of which is sprinkled with iodoform and, if there is much pain, smeared thinly with oleate of morphia. This dressing is covered in with cotton batting and a bandage or binder.

Just here it may be well to speak of sloughs, granulations, and skin-grafting, but what is said applies to all wounds as well as burns. Under the antiseptic dressing sloughs are very slowly thrown off. It is our custom to excise them as soon as they become demarked. If properly done this causes scarcely any pain or bleeding and places the wound days and perhaps weeks nearer closure. By picking up the edge of the slough with a pair of forceps, and cutting with knife or scissors through its readily apparent junction with healthy tissue, it is easily accomplished. By this same process I have successfully, and without pain or hemorrhage, amputated even fingers and toes which we had attempted to save. All forms of exuberant granulations are usually shaved off with a sharp knife. The moist bichloride dressing, applied without the intervention of protective, is found to produce ample stimulation, if such is indicated. If skin grafting becomes necessary, a patch of thin skin is selected and made aseptic, as is also the granulating surface, if it is not so already. Almost microscopic pieces of the cleansed skin are

then cut out by means of a purified needle and a pair of scissors, and planted among the granulations. Narrow strips of protective are applied, and upon this is passed either the "house dressing," or simply a pad of dry 1:1000 cotton. Any bichloride solution remaining about the parts should be washed off with distilled water before the grafts are cut and set, and strong solutions should not be used while the islets of epithelium are forming.

Leg ulcers, when small, are stimulated, if necessary, by scoring with a sharp knife, nitrate of silver stick, etc.; dusted with iodoform; accurately fitted with a piece of protective, and gauze dressing put on with a firm roller. If they are large, and have callous edges, these latter are trimmed off, the sore curetted, perhaps straps applied after the iodoform and protective, and then the same dressing. By this method they can always be kept perfectly sweet and clean; the discharge is but slight, and the pain still less. If the ulcers are very irritable, and will not bear the gauze dressing boracic acid ointment is substituted for it. Those painful, non-ulcerative conditions of the legs so often met with behave excellently under one or the other of the above dressings.

In such regions where it is impossible to apply or retain a regular dressing, great pains are taken in the cleansing before and after an operation, and iodoform in conjunction with frequent corrosive sublimate irrigations is freely used afterward. Especially are these applications valuable about the genito-urinary organs and rectum. In females after most operations thereabouts, the vagina is washed with 1:1000, and then filled with iodoform. Beyond an occasional irrigation of the external parts, nothing more need be done until the stitches—if they have not been of catgut—are ready for removal.

Chancroids heal wonderfully if kept buried in iodoform; sometimes they are previously brushed over with acid nitrate of mercury, etc. No treatment is directed to hard chancres unless complicated.

Body parasites are destroyed with 1:500 corrosive sublimate solution. No unpleasant effects have been known to follow even the freest use of the solution in this way. If the ear has been invaded, it is syringed with that solution, and then filled with oleate of morphia, and a little wad of cotton put on top.—*American Medical Digest.*

ELECTRICITY IN OBSTETRICS.

Dr. W. T. Baird, in the *Am. Jour. of Obstetrics*, concludes an article on the above subject by way of recapitulation, as follows:—

Apparatus.—Any good, reliable induction apparatus will answer, but it *must* be reliable and in perfect order, otherwise it will most likely fail at the very moment its services are most required. I

use one which was manufactured by Dr. Jerome Kidder for Dr. Heed and myself sixteen years ago, and it is still reliable, although having been in constant use during all that time. This is the one he calls "The Physician's Visiting Machine": but when it is not convenient to carry one so bulky, I use a "Pocket Induction Apparatus," also manufactured by J. Kidder. This is very convenient, and gives all the current which could be required in any case. The only objection to it is that, if its use is required for longer than one hour, it will be necessary to re-charge it.

Electrodes.—I use one small copper plate, one and one-fourth inches wide and five inches long, one large surface sponge-electrode, and also one wrist electrode.

Application.—As soon as I deem it necessary to make the application, I do so in the following manner: The patient is placed in a dorsal position. I then attach one cord to the copper plate, and covering it well with a napkin wet with warm water, apply it to the sacro-lumbar region. The other cord I attach to the wrist electrode. I now set the machine in action and attach both the cords to it,* the one connected with the plate to the positive pole. Then slide it under the bed or couch, where it and the cords will remain out of the way of the necessary attendants. The wrist electrode I now attach to one of my wrists (first covering the wrist with a napkin wet with warm water), then close the circuit by applying the hand (well moistened with warm water) of that wrist to the abdominal parietes.† By this means I am able to determine the exact condition of the uterus, and to note correctly all the changes which may occur in its contour, and I can also estimate the amount of increase which occurs in its contractions, and I am also enabled to perform uterine manual pressure, and if it is necessary to use both hands for this purpose, it can readily be done, and each hand then conveys the current to and from the uterine walls. When the application is made in this way, it enables the operator to estimate correctly the strength of the current which he is applying, and the hands being much more sensitive to the current than the abdominal walls, as long as he continues the operation through his hand, there will not be the slightest danger of his producing any unpleasant effects upon his patient, but on the contrary, a current as strong as can be borne ordinarily by the operator's hand will have a pleasant and soothing effect upon her. If an operator were timid, or could not bear a current of sufficient strength through his hand to be effective, he could then use a large surface sponge electrode in place

of his hand, but if he does this, he should first test the strength of the current with his hand before applying it, in order to be very certain that it was not too strong at the commencement, as otherwise he might induce painful spasmodic contractions of the abdominal muscles, which would be most likely to cause a hasty suspension of the experiment. It is always best to begin with very mild currents, and gradually to increase them to the desired strength. I always make the application with the hand *continuous* until a sufficient amount of sedation is produced (from five to thirty minute), then I open the circuit by removing my hand, during the interval between the pains, and close it again when the pain recurs. In short, after all reflex pain has been subdued, and the patient rests well in the intervals, I then *only keep the circuit closed during the time occupied by the rhythmical contractions of the uterus*. By this intermittent application, we are effectually guarded against the danger of destroying the electro-muscular contractility of the muscles which we wish to stimulate and strengthen, and in my opinion it was owing to a neglect of this precaution which led to the results spoken of by Dr. Kilner when he said: "The current sometimes failed to produce contractions when most needed. After its use for an hour or one and a half hours, its sedative effects were manifest, but it no longer increased the uterine contractions." Now, it is evident to me that, if he had used it for an hour or an hour and a half continuously, he had produced a condition of paralysis or destroyed the electro-muscular contractility of the muscular fibres of the uterus, and therefore the current was powerless to longer increase the uterine contractions.

Beard and Rockwell say: "Experience shows that the effect of electrization, *if not too long continued*, is to give tone to the muscles." (*Italics mine*).

I have used it in this manner, in tedious labor, for twenty-four hours; and during all this time it furnished to the nerves and muscles all the elements of increased *strength and rest*, as was fully evinced by the ability of the patient to withstand her pains, and by her earnest desire, often reiterated, "not to allow her to have a pain without closing the circuit." Whenever it becomes necessary for me to support the perineum (and often sooner, if I need rest), I instruct a nurse or friend how to make the applications, to open and close the circuit, being careful to direct her that with each recurring pain to change the location of the electrode, so that *all* the muscles engaged may be brought *directly* under the influence of the current. As soon as I wish to facilitate the labor (at the beginning of the second stage), I use a current of as much force as the patient can bear with comfort, and in practice it will be found that the stronger the current used in this stage (short of

* The wrist electrode may be dispensed with by taking any common electrode in one hand, and applying the other hand to the abdomen of the patient, allowing the current to pass through both arms of the operator.

† Using 1st and 2d coil (B D current) of the apparatus.

producing spasmodic contractions of the abdominal muscles) the better it will suit the feelings of the patient. After the perineum is well dilated, I moderate the force of the current, and in cases where I have any reason to apprehend danger to the integrity of this structure, I withhold it entirely for a few minutes prior to the escape of the foetal head from the vulva, so as not to hasten unduly the labor at this stage, and to give ample time for its full, free and safe dilatation. As soon however as the head escapes, I direct the circuit to be closed *most* of the time until after the completion of the third stage of the labor, which in nearly all cases occurs with but little or no assistance in a very few minutes. In all of my cases in which I have used it, the placenta has been expelled in from one to ten minutes from the birth of the child, with very slight or no traction upon the cord. This I regard as more simple, far less painful, and fully as speedy and efficient as Prof. Credé's method.

INJECTION OF ETHER AND IODOFORM INTO COLD ABSCESES.

The use of iodoform has been of such marked advantage in the treatment of wounds that it is not surprising to find its employment extended to the treatment of lesions beneath the surface, such as cold abscesses. Of the vehicles which have been used, glycerine has certain disadvantages, on account of its density and the difficulty of bringing it into intimate contact with the whole of the abscess wall. Ether has the great advantage of being an admirable solvent, and so fluid that it can penetrate where glycerine cannot. Besides this, it is believed that its vaporization by the heat of the body causes a further penetration and serves to convey the iodoform into the deepest recesses and most intricate sinues.

The injection of iodoform dissolved in ether into cold abscesses was first brought prominently to the notice of surgeons by Verneuil, at the Congress of French Surgeons in 1885, and since then it has been used to a considerable extent, in France especially. Recently Verchère, in the *Revue de Chirurgie*, has called attention again to its advantages, and given an account of its use in twenty-three cases, including abscesses connected with disease of the bones of the thorax, pelvis, and spinal column, of the humerus, of the femur, of the elbow, and of the carpal bones, and abscesses in the neck, and in the temporal fossa. In all of these cases, except one, the treatment was followed by prompt improvement, and by more or less complete recovery. In one case death followed from causes unconnected with the treatment, and this furnished an opportunity to demonstrate how thoroughly the iodoform had been deposited upon the entire wall of the abscess.

It appears from the reports of Verchère that this method is of special value in the treatment of tubercular abscesses. The iodoform seems to have a specific action upon tubercular deposits, and may act constitutionally as well as locally, since there is abundant evidence that it is absorbed when injected into an abscess, and its internal administration appears to be beneficial in general tuberculosis.

The method of Verneuil consists in evacuating the whole or a part of the contents of an abscess by means of an aspirator—or of a hypodermatic syringe, if the abscess is very small—and in injecting through the same tube a suitable quantity of iodoform-ether. Two dangers accompany these injections: 1. That of too great distention from the expansion of the vaporized ether. 2. That of iodoform poisoning. Verchère saw a case in which the distention of an abscess in the front of the neck was so great that symptoms of suffocation, from compression of the trachea, appeared, and another in which the whole of the scalp was raised from the bone. In both of these cases prompt relief was afforded by introducing needles of hypodermatic syringes, which permitted the escape of the ether vapor. The danger of iodoform poisoning is to be avoided by using only moderate quantities of iodoform. Verchère considers a drachm to be the maximum quantity which can be used with safety. In large abscesses about one and a half fluid-ounces of a five per cent. solution may be injected; in small abscesses a ten per cent. solution, or even a saturated solution may be used. In the case of very small abscesses with thick contents, Verchère employs the following ingenious method. He introduces the needle of a hypodermatic syringe into one part the abscess and leaves it in place, while at another point he evacuates the abscess through an aspirator and closes the aperture with collodion and gauze; when this is done, he injects the ether through the hypodermatic needle.

It is important, where it is possible, to prevent the escape of the ether vapor after the injection, and this is accomplished by closing the opening with collodion and gauze, as stated above. As the iodoform remains a long time in an abscess cavity before it is wholly absorbed, the injections should be repeated, if necessary, only after a considerable interval; Verchère advises once a month in cases of large abscesses in which the skin does not give way, until a cure is effected. This may require six or more months. When the skin does give way after the injection, the sac is eliminated as a sort of slough, and the cure is more rapid. The observation of this fact leads Verchère to suggest opening the sac as part of the treatment.—*Med. News*.

In England two doctors die for every clergyman.

THE TREATMENT OF RHEUMATIC FEVER.

The Medical News has presented its readers with brief reports on the methods employed in the treatment of rheumatism in the chief hospitals of Philadelphia, New York, and Boston.

For a knowledge of the natural history of rheumatic fever uninfluenced by drugs we are indebted to the late Dr. Flint, who treated thirteen patients in Bellevue Hospital with infusion of quassia, and to Dr. Sutton, of London, who treated a large number of cases with mint water. The observations of the latter physician, in conjunction with Sir William Gull, deserve a more thoughtful consideration than has been afforded them by many clinicians, as they are of primary importance in enabling us to judge of the effect of medicine on the disease.

Since the introduction of salicylic acid in 1875, this remedy and its compounds have been universally employed in rheumatism, and about sufficient time has now elapsed to permit us to arrive at a safe judgment of its uses. On looking over the reports, we find that in some form or other it is still employed in every one of the hospitals represented, and we ask for no better guarantee of its merit than this one fact. As a rule, a decade plays sad havoc with a drug announced with the *clat* which attended the introduction of salicylic acid, but the experience of many physicians the world over seems to have accorded it a safe place in the therapeutics of rheumatism. The early anticipations, however, that we had in it a specific have not been realized, and too rapid cures have been expected. The elaborate analysis by Palmer Howard in Pepper's *System of Medicine*, vol. ii., seems to indicate very surely that cases treated by this method do not get better any quicker than on the old alkaline plan; indeed, if statistics are worth anything, they show that the cases do not get well so soon. Cardiac complications are probably more frequent, though in the reports we have published Dr. Loomis alone suggests that the effects of the acid favor their occurrence. It is a very general opinion, also, that under the salicylate treatment relapses are more frequent. Unquestionably the most striking action of the drug is in the relief of the pain and the reduction of the temperature, so that the extreme suffering and the general misery of the patient are promptly relieved. Upon these manifestations of the disease it often acts "like a charm," and possibly relapses are in many cases brought on by careless exposure or errors in diet in patients whose acute symptoms have been removed while the *materies morbi*—whatever that may be—still remains in the system. A combination of the salicylates and alkalis has probably a more decided effect upon the disease than either

remedy alone. Dr. Kinnicutt, as shown by the report from St. Luke's Hospital, New York, continues to have good results from the use of oil of wintergreen, which seems to act almost as promptly as salicylic acid, of which it is a methyl ether.

That rheumatic fever is essentially a self-limited disease, and is not materially influenced in its *duration* by drugs, is an opinion fully justified by a comparison of the reports of Sutton with those of the various writers who have published the results of the alkaline and salicylate plans of treatment. We have been too ready to mistake the relief of symptoms for the cure of the disease.

The reports do not refer very fully to the use of antipyrin in this disease, which is spoken of by recent German writers as a specific. It would seem, like the salicylates, to reduce the fever and to relieve the pain, and so far it may be specific, but we require further evidence to show that it really limits the course of the malady. Frankel, in *Deutsche medicinische Wochenschrift*, Nos. 43 and 44, speaks very highly of its value in thirty-four cases, but acknowledges that in certain cases it cannot replace the salicylates.

HOW TO TREAT HÆMORRHOIDS BY INJECTIONS OF CARBOLIC ACID.

Dr. Charles B. Kelsey, of New York, thus sums up his method of treating hæmorrhoids:

1. Use only the purest crystalized carbolic acid, the purest glycerine, and distilled water, in the preparation of solutions. The glycerine is added to the solution of carbolic acid in water in just sufficient quantity to make a clear fluid, and the amount is not important. As soon as a solution begins to assume a yellowish tint it should be replaced by a fresh one.
2. Use only the finest and most perfect hypodermic needles and a perfectly-working, clean syringe with side handles. After each injection when the syringe is put away, clean it thoroughly to be ready for the next time.
3. The treatment may be applied to every variety of internal hæmorrhoids, no matter what their size. It is not applicable to external hæmorrhoids, either of the cutaneous or vascular variety, both of which may be treated by better means.
4. Before making an application give enema of hot water, and let the patient strain the tumors as much into view as possible. Then select the largest and deposit five drops of the solution as near the centre of the tumor as possible, taking care not go too deep so as to perforate the wall of the rectum and inject the surrounding cellular tissue. The needle should be entered at the most prominent point of the tumor. If the hæmorrhoid does not protrude from the anus, a tenaculum may be used to draw it into view. After the injection has been made the parts should be replaced, and the patient kept under

observation for a few minutes to see that there is no unusual pain. The injection will cause some immediate smarting if it is made near the verge of of the anus; if made above the external sphincter, the patient may not feel the puncture or the injection for several minutes, when a sense of pressure and smarting will be appreciated. In some cases, no pain will be felt for half an hour, but then there will be considerable soreness, subsiding after a few hours. If it increases, instead of disappearing, and on the following day there is considerable suffering, which may not perhaps be sufficient to keep the patient on his back but is still enough to make him decidedly uncomfortable, it is a pretty good indication that a slough is about to form. For the reason that it is impossible to tell absolutely what the effect of an injection is to be until at least twenty-four hours have passed, it is better to make but one at a visit and to wait till the full effect of each one is seen before making another. If on the second day there is no pain or soreness, another tumor may be attacked, and this will often be the case. 5. The strength of the solution must be regulated by the nature of the case, and in my own practice varies from five per cent. to pure crystalized acid. In a large, vascular, prolapsing tumor, which is well defined and somewhat pedunculated, five drops of pure acid may be used with the expectation of producing a circumscribed slough which will result in a radical cure. A thirty-three per cent. solution under the same conditions will probably produce consolidation and shrinkage without a slough, but the injections will have to be repeated several times. A small tumor which protrudes but slightly, is not pedunculated, and can be seen and felt as a mere prominence on the mucus membrane, may be cured by a single injection of a five per cent. solution, which will cause it to become hard and decidedly reduce its size, while an injection of a fifty per cent. solution might make considerable trouble, the remedy being too powerful for the disease. Guided by this principle, some experience will soon determine the choice of the solution. There is no arbitrary rule which can be applied to every case. As in any other surgical operation, some will be more satisfactory than others, and an occasional accident must be expected; but, on the whole, it seems to be the best method of treatment yet devised.—*N. Y. Medical Times.*

DISCUSSION ON TRANSIENT ELEVATIONS OF TEMPERATURE AFTER DELIVERY.

Dr. Hanks opened the discussion. He considered it very difficult to tell, within the first twelve hours after delivery, whether a rise of temperature was due to septic or malarial influence.

If, on careful examination of the genital tract, he found a laceration of the cervix or perineum, or an œdematous state of the vagina around the cervix, he was inclined to attribute the rise of temperature to the absorption of septic matter. In case the uterus was large, and the lochia fetid, he resorted to the douche.

Dr. Rodenstein stated that a chill coming on suddenly and followed by sweating was apt to mean malaria. A strong point in differential diagnosis he considered to be the state of the external os. In sepsis, he had noticed that the os was always patent; in malaria, usually closed.

Dr. Patridge stated that the pelvic organs should be carefully and thoroughly examined, not alone once, but repeatedly, for frequently the second or third examination would reveal a cause not appreciable on the first. If, finally, he could find no cause for sepsis, he then concluded he was dealing with malaria. When we remembered how much constitutional disturbance might result from a simple abrasion on the surgeon's finger, it was amply evident how a slight lesion of the cervix, for instance, might be overlooked, and yet be at the bottom of septic infection.

Dr. Murray had never seen a case in which careful examination would not reveal some cause for the elevation of temperature, aside from malaria. He pleaded for careful examination of the genitals, both external and internal, and recalled the fact that a patient might have a large plastic exudation without much febrile disturbance, and yet this be entirely overlooked if a vaginal examination was not made. He had noticed the fact that in every case of sepsis the external os was patent, but he believed that the prime differential point between malaria and sepsis lay in the fact that in the latter there was never complete remission in the temperature, and that generally there were two exacerbations daily. The constitutional depression also was greater in sepsis than in malaria.

Dr. Mundé stated that it was his habit to assume rise of temperature after delivery as probably due to septic absorption. Patency of the external os to him signified something within the uterus—remnant of placenta, or decomposed clot. He had recently seen a case in a pronounced malarial neighborhood, where the patient's temperature was 104°, the pulse 130, the facies bad, the lochia very offensive, the uterus large, the os admitting three fingers. With his long curette he had removed a mass of offensive blood clot at the placental site, washed out the uterus, and given antipyrine and applied the ice-coil. The temperature was lowered, but for three days there had since occurred chills and rise in temperature which he was now inclined to believe were due to malaria. Malaria, he was well aware, was a hobby with some gentlemen, as was evident in a

case he had recorded a few years ago, where one of his consultants clung to the diagnosis of malaria in the face of a metastatic abscess on the wrist. This case he had considered pure septic pyæmia. He was convinced that peri-uterine exudations were often overlooked, for the simple reason that careful vaginal examinations were not resorted to. These were, of course, the very cases where intra-uterine irrigations would be productive of harm instead of good.—*Am. Jour. of Obstetrics.*

THE MANAGEMENT OF PLACENTA PRÆVIA.—1. In any case, avoid the application of all chemical styptics, which only clog the vagina with inert coagula, and do not prevent hemorrhage. At the very first, the patient should be put in a state of absolute rest, body and mind, and a mild opiate is often desirable at this stage, to quiet irritation.

2. Inasmuch as the dangers from hemorrhage are greater than all else, to both mother and child, at the earliest moment preparations should be made to induce premature labor, and labor being once started, the case should be closely watched to its termination by the accoucheur.

3. In primiparæ and mothers with rigid tissues, the vagina should be well distended, by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation.

3. In the majority of cases, and in all cases, especially where there is reason to believe that rapid delivery may be required, it is more safe to rely on the thorough, continuous, hydraulic pressure of a Barnes' dilator than on pressure on the foetal parts.

5. Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot and leaving one thigh to occlude and dilate the os, may be practiced, according to the method of Braxton Hicks, except in cases where the head presents well at the os, when,

6. The membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico-vaginal canal.

7. In the majority of cases, podalic version is to be preferred to the application of the forceps within the os.

8. In some cases, in the absence of assistance or the necessary instruments, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by the uterine contractions and the voluntary efforts of the mother. In cases of favorable presentation—occiput or breech—the tampon will not materially obstruct the descent of the child, and in some cases the tampon, placenta and child will be expelled rapidly and safely without artificial assistance.

9. The dangers of septic infection by means of

the tampon or india-rubber dilators are so slight, if properly used, as not to be considered as seriously impairing their great value.

10. Whenever it is possible, dilatation and delivery ought to be deliberately accomplished, in order to avoid maternal lacerations.

Finally. As cases of placenta prævia offer special dangers from post-partum hemorrhages, septicæmia, etc., the greatest care must be exercised in every detail of operation and nursing to avoid conveying septic material to the system of the mother. M. McLean in *Am. Jour. Obstetrics.*

BICHLORIDE OF MERCURY IN UTERINE CATARRH.

—I have been using a solution of bichloride of mercury as an application to the cervical canal and uterine cavity in cases of chronic mucopurulent discharge. Originally it was suggested to my mind by some considerable success with the same agent in gonorrhœa, as recently recommended. The suspected relation between many chronic inflammatory conditions of the female genital organs and gonorrhœa still further suggested the use of the bichloride, though in much stronger solution. One-half to one grain to the ounce of water was the strength I employed, and, on trying it, my success was so much better than ever before that I have continued to use it in all possible cases of the kind. It has several manifest advantages. Applied with the cotton-wrapped applicator, it excites no immediate uterine contraction, as iodine, carbolic acid, and other agents generally do. This enables one to make two, three or more applications in rapid succession, and affords a much better chance for reaching the entire endometrium. It leaves behind it no coagulated mucus, or film of chemically-altered epithelium, as carbolic acid and nitrate of silver do, to be detached and expelled subsequently by a process almost necessarily involving fresh supuration. A similar solution may, as a final measure, be applied to the whole vaginal membrane as the speculum is withdrawn, and irrigation with hot water or a very weak solution of bichloride continued for some days. In obstinate catarrh of the cervix, with almost endless ropy secretion, I have also had good success, while I do not remember, after many trials, any success worth mentioning with any agent employed previously. In nearly all the cases two or three applications entirely checked discharges of long standing. Sometimes they recurred at the monthlies, but were again checked for good apparently by another application. In two cases single applications did the work, and out of the twenty-three cases treated solely in this way, two only resisted treatment, and were complete failures.—*Dr. Watson, Therapeutic Gazette.*

AVIAN TUBERCULOSIS.—The study of comparative pathology will, it may be hoped, ere long at-

tain to the proportions that its importance as an aid to the understanding of disease demands; and although we have not hitherto derived such assistance in medicine as its thorough prosecution would render possible, there is, notwithstanding, some trustworthy evidence forthcoming to show that this reproach in the past will cease to have weight in the future. For one thing, it may be urged in defense of our present ignorance on the subject, that the conditions necessary to successful study of disease in animals have, in effect, to be made, and that whoever would enter on it with any satisfactory prospect of advantage therefrom, must first, of necessity, take steps for acquainting himself with details, zoological and morphological, which can only be acquired by a special and prolonged education. Fortunately, however, there are not wanting in this age spirits able and willing to undertake the huge task that such a devotion implies; and among the band of workers in this field of investigation, Mr. John Bland Sutton, F. R. C. S., has already made considerable advances in this country. We have already been able to publish in these columns some of the results of Mr. Sutton's observations; and we have now to draw attention to a very valuable essay contributed by him to our American contemporary the *Journal of Comparative Medicine and Surgery*, on the subject of tuberculosis in birds. The observations embodied in this paper extended over a series of years, and were principally carried out in the gardens of the Zoological Society of London, where the author has long enjoyed the privilege of making *post mortem* examination of the animals dying in confinement there. Mr. Sutton points out that one of the earliest conclusions to which he was driven, is that disease in animals observes a zoological distribution, and that as regards tuberculosis, the class almost peculiarly affected is that of which the food consists of grains, fruits and vegetables. It occasionally, however, is met with in birds of prey; but in this connection it is interesting and important to learn that it is conveyed to them from infected graminivorous or frugivorous birds forming part of their food. Other examples also are given of animals contracting the disease from their ingesta, and the suggestiveness of the conclusion thus arrived at will not fail to commend itself to medical men; nor can we fail to reflect on the significance of the fact, demonstrated now for the first time by Mr. Sutton, that grain-eating birds are in an enormous majority among those in which tuberculosis is developed; and from this to the danger of infection from such infected material the mind very readily passes. The paper to which have alluded describes in careful detail the morbid anatomy and etiology of the tuberculous process in birds, and contains a vast amount of material of the highest interest to professional readers; and we heartily welcome it as a noteworthy addition

to the labors already so efficiently carried out in a neglected field of study by an exact and painstaking investigator.—*Medical Press*.

MEDICAL NOTES.

To disguise the odor of *iodoform*, the best agent is thymol.

It has been recently asserted that massive doses of iodide of potassium will cure *gonorrhœa*.

Dr. Longstreth affords patients suffering with *stomatitis* much relief by the local application of cocaine.

Nine or ten inches below the tubercle of the tibia is the place to amputate in order to get the *best stump* for the application of an artificial leg. (Prof. Brinton).

It may not be widely known that an extemporaneous liquor ammonii acetatis may be produced by simply dissolving the carbonate of ammonia in pure vinegar.

For the cough of *phthisis* :—

R—Terebene,

Creasoti, āā f ʒij.—M.

Sig.—Inhale fifteen or twenty drops from a hot sponge several times daily.

Do not let patient with *phlegmasia alba dolens* be moved before four weeks after the beginning of the disease. Use a bandage when patient begins to sit up. (Prof. Parvin).

In incipient *fatty degeneration of the heart*, and myocarditis, a combination of exceeding value is iron with nitro-glycerine. (Prof. Bartholow).

In *angina pectoris* the centesimal solution of nitro-glycerine seems to be mostly used with good results at the Jefferson College Hospital.

Next to ergot as a remedial agent to restrain *hemorrhage*, Prof. Parvin places *hydrastis canadensis*, gtt. xv-xx ter die. He has never seen any good derived from gossypium.

In the treatment of *gout* and those with a gouty constitution, Prof. Bartholow states that sulphate of manganese is a remedy of great utility, its virtue being chiefly due to its effect on the hepatic functions.

Prof. Parvin recently gave the following formula for *amenorrhœa* with anæmia, which he has used for many years, and in certain cases derived very satisfactory results :—

R—Terebinthinæ albæ,

Pulv. aloes,

Ferri sulph. exsic., āā gr. j.

Ft. pil.

Sig.—Ter die.

In *alcoholic nervousness* or hallucinations, Prof. Da Costa prescribed gtt. xv of the fluid extract of erythroxyton, ter die, and to increase to tolerance. Also—

R—Sodii bromidi, gr. xv
Chloral, gr. x
Syrup,
Aqua, aa q.s. ad f ʒj.—M.

Sig.—As required.

For *exophthalmic goitre* in a robust and plethoric subject, Prof. Da Costa prescribed :—

R—Tinct. aconit. rad., f ʒj.
Tinct. zingiberis, f ʒj.
Syr. simplicis, f ʒj.—M.

Sig.—Ten drops three times daily, for months, to be gradually increased as the patient will bear it.

Terebene has been much prescribed of late, in various lung troubles, at the Hospital. The following is a prescription given by Prof. Da Costa for *acute bronchitis* :—

R—Terebene, f ʒij.
Mucilag. acacie, f ʒij.
Morphine sulph., gr. ʒ
Syrup tolu, f ʒj.—M.

Sig.—A teaspoonful every third hour.

THE DURATION OF INFECTIOUSNESS IN SCARLATINA, SMALL-POX, MEASLES, MUMPS, AND DIPHTHERIA.—There is one point I wish to raise in this discussion. We must distinguish infection from the person and that from clothes. We must know for how long infection is exhaled from the patient as well as the potency and duration of infection attaching to the cast-off *débris* of pathological processes induced by the disease. A case may be said to be first infectious and later contagious.

Infection is exhaled for a much shorter time probably than we have generally imagined. The question to determine is, for how long the pathological processes induced by the different diseases—for example, the desquamation of scarlet fever and the catarrh of measles—continue the carriers of the contagion. How long will the discharge from skin and mucous membrane bear infective properties?

I have reason to believe that personal infection, or exhaled infection, in contradistinction to infection by contact or inoculation of the disease products, has a definite duration, and that a special period of duration of this exhaled infection characterises each disease. On the other hand, many things are explained to hasten or hinder the elimination of infection with the characteristic discharges of the disease. The rules given, that scarlet fever is infectious as long as desquamation lasts, small-pox as long as every scab or scale re-

mains on the skin, diphtheria while sore-throat, or albuminuria, or discharges from mucous surface continues, are all open to question. Upon this hypothesis, we could never say when a person ceases to be infectious.

I would suggest that infection only attaches to those cast-off products of the disease when they were formed during its strictly infectious period; that, for example, the early desquamation of scarlet fever, and not the second or third peeling, is infectious; the primary albuminuria of diphtheria as well as scarlet fever, but not that which may remain for weeks or months or years afterwards. I hold that these pathological conditions and their products, induced in a characteristic way for each disease, are not any guides as to the continued infectiousness of a patient, and on this basis I would urge that a mild case is as long infectious as a severe one.

My observations make the duration of infection in the several diseases as follows: Measles, from the second day, for exactly three weeks. Small-pox, from the first day, under one month, probably three weeks. Scarlet fever, at about the fourth day, for six or seven weeks. Mumps, under three weeks. Diphtheria, under three weeks.—*Dr. Pearce in Br. Med. Jour.*

ADVICE TO YOUNG DOCTORS.—Dr. Robert Batty, in a recent address before the Atlanta Society of Medicine, thus spoke of the younger members of the profession: If you want to succeed in professional life, don't be too careful when a call comes to you to inquire into the circumstances of your patient, whether he is able to pay a good fee or not. Don't be too careful to prune closely at the outset and trim your practice into influential patients only, and all that sort of thing. Try to infuse within your own heart and soul a true spirit of benevolence, love of your kind, zeal in your profession, anxiety to relieve human suffering, and if you pursue your mission with your whole heart, with true earnestness of purpose, *somebody* will find it out, and it will not be a great while before a great many people will find it out, and they are not going to let you starve. That sort of men is too scarce to let starve. They don't starve in America. They can't be spared. If you want to be sure of your bread and meat and provender for your horse and something for the blacksmith and carriage man, take that recipe and try it awhile. I think I can say confidently, gentlemen, from the very first day that I practised medicine it has been a rule with me to give no thought for the morrow, what I should eat, wherewith I should be clothed. Consult the interests of your patients. Try and get them well in the shortest possible time and somebody will clothe and feed you and you will have an established practice and an established reputation. You will have the support and con-

fidence of the community in which you live.—*Practice.*

HYSTERIA IN A NEW LIGHT.—According to *The Lancet*, September 4, 1886, the views of Mr. de Berdt Hovell on the subject of hysteria are to be carefully received as those of a shrewd practitioner of long practice and large experience. He strongly protests against the whole hypothesis of hysteria. He thinks the theory that localizes the disease in the uterus is the mere survival of medical demonology, which located ill humor in the spleen, blue-devils in the liver, and the soul in the pineal gland. He claims for hysterical patients more fairness of treatment and more discrimination. He attributes many of the cases to shocks, physical or moral, leading to deficient or depressed nerve-power, with all that this implies in the way of pain, irritability, inability for locomotion, etc. Mr. Hovell admits that the cases are difficult to cure; but he maintains that if we are to deal with them effectually we must "set aside all consideration of the organs of reproduction, which most probably are not concerned, and transfer our attention to the moral nature." Mr. Hovell gives several cases in which there was a distinct history of shock or exhaustive work, to explain the breakdown in the nervous system. We live in days when the nervous system is getting its full share of attention from pathologists and physicians, and when even gynecologists are finding out that the uterus, and even its appendages, which are now blamed by some for everything, are not such culprits as has been supposed. Mr. Hovell will admit that the cases of so-called hysteria do occur chiefly, though by no means exclusively, in women. In their organization there is *something* specially favoring the occurrence of this state or disease. It may not be in the special organs of the female so much as in the special organization of the nervous system. Mr. Hovell deserves credit for insisting on this point, and he may well be satisfied to know that the drift of opinion among physicians is towards the acceptance of his views. Women are more finely strung than men. They are more liable to pain or pains of all sorts from mere functional causes. Such a constitution is perplexing to the physician, but it has to be considered, and not treated as a sort of crime, as has too often been the case.—*Medical Record.*

THE TRANSMISSION OF MEASLES FROM PLACE TO PLACE BY HEALTHY PERSONS.—The possibilities of carrying the contagious principle of measles from place to place by the medium of the bodies of healthy persons was recently discussed by the Medical Society of Berlin, and one gentleman, Mr. Joel, of Lausanne, presented certain facts which lead to the belief that such a possibility does exist, and that the medium is often furnished by physi-

cians themselves. One case which was cited was that of a boy who was brought from Geneva to Lausanne while he was passing through the incubation state of measles. The butcher and the postman who served the institution to which the boy was brought conveyed the disease to their children, who were attacked with it in a short space of time, and, what is quite remarkable, the children in almost every house to which the postman delivered letters were attacked. A little girl was brought to a hospital, and in a few days had undoubted symptoms of measles. Her father had paid her several visits before the measles appeared, and it was ascertained that two of his children were suffering at home with the disease. Eight other children in the hospital were quickly seized with it. It is thought the physicians cannot always avoid carrying the contagium with them, even when extraordinary care is taken. Prophylactic means on the part of the physician should be as thorough as possible, however, by disinfection, change of garments, and all other available procedures.—*The Archives of Pediatrics.*

INTUBATION OF THE LARYNX.—Dr. Northrup, Pathologist to the New York Foundling Asylum, thus concludes a paper in the *Medical Record* on Laryngeal Diphtheria and Intubation: Briefly, the advantages and disadvantages are estimated as follows, in order of importance: Intubation relieves dyspnoea due to laryngeal stenosis. There is no objection on the part of the parents and friends. The operation is comparatively simple, and free from danger and free from shock. No anæsthetic is needed, and no trained assistants. No fresh wound is added. The subsequent care of the case requires no trained attendant. The inspired air enters the lungs moist and warm. It does not preclude tracheotomy, and may be found useful as a guide upon which to cut.

Intubation has one conspicuous fault, attested by all. It embarrasses, and sometimes interferes with, the swallowing of fluids. The nourishment of the child is never more important. As a rule, however, the child learns to swallow fairly well, and many times has but slight embarrassment. There is likewise *one danger*, illustrated by one published case. It is the danger of pushing tenacious tracheal pseudo-membrane before the entering tube and blocking the trachea. I know of no death from this cause, but I believe it threatens every reinsertion of the tube after the pseudo-membrane has begun to soften, and is easily detached. The medical profession are called upon to relieve the urgent symptom of laryngeal diphtheria—dyspnoea. For such relief tracheotomy has been offered. The question now before us is, what part of the field intubation is capable of covering, and what advantages, if any, it has over the cutting operation. First, let us question close-

ly whether it meets the requirements. Does it relieve laryngeal obstruction? Waxham, with 96 collected cases, says it does. O'Dwyer, with 48 cases, says yes. Hance, with 5 cases, says yes. Jennings, with 4 cases, admits that it does. Northrup, with 12 cases, says yes. One hundred and sixty-five cases, carefully reported and well attested, say it relieves laryngeal dyspnoea promptly and effectually. Now, does it leave the patient without any of the advantages offered by tracheotomy? For the answer to this question we must look to results. Twenty-eight and one-half per cent. have thus far recovered, and in estimating the usefulness of the operation it must be remembered it is new, and while its advocates have been making these records they have at the same time been accumulating experience which will tell in future reports. Some of the accidents here mentioned are grotesque, and can never occur again. I do not mention tracheotomy records, because they are so variously estimated. Do you believe that if every case were collected the percentage of recoveries after tracheotomy would reach twenty-eight and one-half? If the number of cases is insufficient, we have not long to wait, for enterprising Chicago sends us the report of 96 cases. Intubation is in use in Kentucky, Indiana and Virginia.—*Gaillard's Med. Journal*.

CHLOROFORM VAPOR IN PAINFUL EAR CASES.—I would like to draw the attention of practitioners to the use of this vapor in ear cases, so that it may become better known and more frequently adopted, as at least a preliminary part of the treatment in cases in which intolerable pain is the chief complaint. I have very often used it with almost magical effects and very pleasing results in cases in which the pain in the ear was so great that the patient could not bear the parts to be touched even in the gentlest possible manner. In cases of furunculosis, and in diffuse inflammation of the external meatus, as well as in acute inflammation of the tympanic membrane, I have found it to relieve the pain so much that the patients considered themselves cured. In some cases the pain was kept in abeyance so long that the necessary manipulations and treatment were carried out without the least inconvenience to the patient, and in many cases there was no return of the distressing symptoms.

Its application I have also found exceedingly useful (in fact a complete cure) in cases of otalgia, in which, on examination of the ear by means of the speculum and mirror, no apparent cause for the pain could be ascertained. Again, in cases of neuralgia, where the pain is shooting all round the ear, and seemed to originate from it, the relief was permanent. Also, in cases of earache arising from carious teeth, as well as in cases of toothache of the molars, without any pain in the ear, it has proved very beneficial.

It is a very simple matter to introduce the vapor into the ear, and the only thing to guard against is the introduction of the chloroform itself, which might irritate the part and perhaps cause unnecessary discomfort.—Robb, *Brit. Med. Jour.*

ABDOMINAL SUPPORT DURING PREGNANCY.—I always advise patients in a pregnant condition to leave off their corsets (from about the fourth month onward, should I see them at that time), and having supplied the want of a corset by a suitable bodice, to wear a supporting belt with elastic sides, so arranged as to exercise a comfortable pressure, from below, on the muscles, and fitted with tapes or straps to relax the pressure as the uterus enlarges. In every case in which I have recommended this to be done, and where my directions were followed, the patient not only expressed herself as feeling far more comfortable, but I have remarked that the subsequent labor was of much shorter duration than usual, owing, I believe, to the support afforded in time to the abdominal muscles, and which by husbanding their tone and strength, enabled them to assist the uterus, in its efforts of expulsion, in a marked degree.

When engaged to attend primiparæ, I also direct the bandage to be left off at night, and the abdomen well rubbed with lard at bedtime. When this treatment is followed in primiparæ, I find there is little or no trace of the "linea alba cantia" to be discovered after the patient recovers from the lying-in, and the abdomen also resumes its natural appearance, which the patient as a rule is the first to remark.—Dr. Duke in *Provincial Med. Jour.*

A NEW "CURE FOR CANCER."—Dr. Velloso lays claim to having cured several cases of epithelioma of the face and lips with the juice of alvelos, a plant which belongs to the family of Euphorbiaceæ. It acted as an irritant, and destroyed the diseased tissue, which was quickly replaced by healthy granulations. Of the three different kinds of alvelos (male, female, and wild), the second is considered the most efficacious. It is found at Pernambuco, and although the natives have employed the juice for some time, it has not come into extensive use on account of the severe pain which it causes. The best results were obtained with the juice in a concentrated solid form, and with the addition of vaseline or lanoline. This preparation should be applied with a brush to the affected part (previously washed with a solution of carbolic acid), which should then be left exposed to the air for at least an hour. It should afterward be covered with lint. This treatment should, as a rule, be repeated every two or three days, and never more than once in twenty-four hours, as the pain of the application is severe. The treatment was more speedily successful when begun before ulceration had occurred.—*Brit. Med. Jour.*

VENEREAL INFECTION PRONOUNCED A CRIME.—Some consternation may be caused among a certain class by a recent judgment of Justice Wills of the Central Criminal Court, England. The charge against the prisoner was on two counts, one with having carnal knowledge of an imbecile woman, aged eighteen, and another, under 24 and 25 Vict., c. 100, s. 47, for a "fraudulent assault" upon the same woman, occasioning her actual bodily harm. The harm done was the wilful infection with syphilis. The prisoner was found guilty on both heads, and sentenced to two years' imprisonment for the first, and five years for the second. The most remarkable piece of information is that a man who has immoral sexual connection with a woman, knowing himself to be suffering at the time from gonorrhœa or syphilis, is liable to prosecution and penal servitude.—*Med. & Surg. Reporter.*

WANTS TO STUDY MEDICINE.—Dr. J. B. Kell, of Delphos, O., writes: "Dr. S——, of our city, received the following letter, from a Réverend of Putnam Co., O., who desires to 'sudy medson.' I give it in full.

"H——, Putnam Co. O.

"DR. S——.

"DEAR SIR: aS I think of StuDing medson, and am Aqanted With you by rep and aS you bore the name of A Criston I thout you Would be a good man to Sudy under and ASK you if there Would Be Eney Chance to Have you fore councele I will fernish my oan books and Bord Ples ancer By retorn male and I will come up Yours in christ.

"REV. R—— P——."

—*Med. Record.*

A NEW BACTERIOLOGICAL JOURNAL.—A new *Centralblatt*, devoted to the subject of bacteriology and animal parasites, will shortly appear in Germany under the editorship of Dr. Oscar Uhlworm, in Cassel. The extensive and rapidly increasing literature on these subjects, and the absence of any weekly journal devoted to this particular science, will render this venture acceptable to all who interest themselves in these matters. The contents of the journal will embrace references to recent work, historical essays and original papers. Dr. Uhlworm will be assisted by a numerous class of collaborators in the various European countries.—*Brit. Med. Jour.*

A coincidence showing a probable septic origin for pneumonia, is reported in the *Lancet*. On the 18th of October, a man and his wife were admitted into St. Thomas's Hospital, suffering from acute pneumonia of respectively three and four days' duration. Each was aged thirty-two years. The disease ran an acute course, being little influenced

by treatment, and they died at the end of four days within a few hours of each other. At the post-mortem examinations which were made on the same day, acute inflammation of the right lung were found in each; this had attacked chiefly the base in the case of the man, and the apex in the woman. It would appear that they had left their house, and moved into lodgings only two or three days before the commencement of the disease on account of the bad smells, making it probable that the disease was of septic origin.—*Boston Med. & Surg. Jour.*

AN English gentleman found a large turnip in his field of the shape of a man's head, and with the resemblance of the features of a man. Struck with curiosity, he had a cast made of it, and sent the cast to a phrenologist, stating that it was taken from the head of a celebrated professor, and requested an opinion thereon. After sitting in judgment it was reported that it denoted a man of acute mind and deep research, that he had the organ of quick perception, and also of perseverance, with another that indicated credulity. The opinion was transmitted to the owner of the cast, with a letter requesting, as a particular favor, that he would send them the head. To this he politely replied that he would willingly do so, but he was prevented, as he and his family had eaten it the day before with their mutton at dinner.

"LINES TO A TIMID LEECH."

Nay, start not from the banquet where the red wine foams for thee,

Though somewhat thick to perforate this *epidermis* be;
'Tis madness, when the bowl invites, to linger at the brink,
So haste thee, haste thee, timid one. Drink, pretty creature, drink!

I tell thee, if these azure veins could boast the regal wine
Of Tudors or Plantagenets, the draught should still be thine!

Though round the goblet's beaded brim plebeian bubbles wink,

'Twill cheer, and not inebriate. Drink, pretty creature, drink!

Perchance, reluctant being, I have placed thee wrong aside up.

And the lips that I am chiding have been farthest from the cup.

I have waited long and vainly, and I cannot, cannot think
Thou wouldst spurn the oft-repeated call: Drink, pretty creature, drink!

While I watch'd thy patient struggles, and imagined thou wert coy,

'Twas thy tail and not thy features that refused the proffer'd joy.

I will but turn thee tenderly—nay, never, never shrink—
Now, once again the banquet calls: Drink, pretty creature, drink!

—*Chemist and Druggist.*

THE CANADA LANCET.

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*The LANCET has the largest circulation of any
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STRICTURE OF THE URETHRA.

There is no subject in the domain of surgery of the urinary organs of greater importance than stricture of the urethra. The disease is a very common one, the treatment is much more complicated, and the prognosis is more grave than is ordinarily supposed. The victims of the disease are numerous and confined to no particular climate or locality. The poor sufferer is usually subjected to temporary treatment by local physicians. Year by year he grows worse until he is worn out by catheterization, bladder irritation, or other complications of kidney troubles, and at last falls a victim to a disease that on the onset seemed of little moment. A small urethral calibre would seem in itself of no consequence, and very little if any inconvenience, yet it is too often the warning note of a fatal termination. Every case of stricture, no matter how trivial in character, may be possibly grave in its results. Most physicians of ordinary experience can recall cases in which the stricture had been dilated and the patient discharged; in course of time it closed, the patient returned for treatment, with an almost impassable stricture, catarrh of the bladder and disease of the kidneys, and death ended the suffering. The profession is probably indebted to Sir Henry Thompson for more valuable suggestions regarding the careful and conservative treatment of stricture than any other surgeon who ever wrote upon the subject. He was among the first to point out the gravity of

strictures of the urethra, and understanding this so well, he was also able to treat strictures more successfully than surgeons who were in the habit of looking upon mild cases lightly.

In the treatment of all strictures, the first important thing is to give the patient to understand all about the consequences of an old narrow stricture, enjoining him strictly to keep himself under the observation of a competent surgeon. Sir Henry Thompson suggests that simple stricture, the history of which is recent, requires nothing save gradually restoring the calibre of the canal to its normal size by means of flexible bougies; for this purpose he used the style of bougie called "Olivaire," which were followed in severe cases by polished steel dilators to be used for an indefinite time. By carefully looking after a urethra treated gently in this way, no further trouble may be anticipated. The patient can be trained to the proper use of the bougie, and should be instructed to follow its regular use for years. When there is a narrowing or stricture of the external meatus, congenital, organic, or acquired, dilatation will not relieve it. Such strictures should be freely cut. Sir Henry Thompson further says that strictures three and a half or four inches from the meatus are not often benefited by dilatation, and in old age the same is usually true, the tissues having become rigid. Dilatation may however be first attempted in such cases. In all cases, in which there is a decided tendency to contract, despite the dilatation, internal urethrotomy should be at once resorted to. Prompt action, says the above named author, will save much suffering, avert perineal abscesses, fistulæ, and organic changes in the bladder, ureters, and kidneys. To delay until symptoms of such troubles appear, involves complicity in a course which irretrievably damages the patient's life.

There is another condition incident to strictures of long standing requiring probably a different course of treatment; we refer to septicæmia. We have had patients under our care, who, when first seen by us, had almost complete obstruction to the passage of urine by reason of an old rigid stricture, through which the smallest guide could not be made to pass. These patients usually show well-marked symptoms of septicæmia; the strictures are usually extensive, and the bladder complications a prominent symptom. In cases of this char-

acter, any attempt at gradual dilataion or internal urethrotomy only tends to increase the constitutional disturbance, and renders the prognosis more unfavourable. The urgency for a speedy relief is so imperative that the only hope for the sufferer is in external perineal urethrotomy. By this operation we can at once get into the bladder, and thoroughly wash it out; thus the patient is placed in a condition of temporary comfort, compared with his former condition. After restoring his health in a measure, and all the alarming symptoms have disappeared, the surgeon may proceed with the necessary operation to enlarge the urethra.

It is not possible, in any operation for stricture, to promise immunity from its return, although the more completely the contracted tissues are divided the more likely we are to have a certain cure. As a rule, the stricture will return, when the same treatment should be resorted to. Surgeons can not be too particular in reminding the patient as an injunction to not delay long in having the returning stricture treated after it manifests itself. By so doing, the implication of vital organs is avoided, and the patient is permitted to live out an average life in comparative comfort.

TREATMENT OF ERYSIPELAS.

Erysipelas is a well known specific inflammatory disease of the skin. It has long been known to be more or less contagious, but latterly Koch and Fehleisen have succeeded in obtaining pure cultivations of the erysipelas cocci, in inoculating them upon nutrient gelatine, and from the latter setting up erysipelas upon the living individual by inoculation. Hence the fungus or microbe of this disease is clearly established. Consequently it is essentially necessary that there be a previous wound or abrasion of the cutis or mucosa, in order that the morbid germ may obtain a starting point. The door must be opened or it cannot obtain an entrance. The wound may be and often is so minute that it escapes notice, and therefore a previous lesion cannot always be demonstrated. The local and constitutional symptoms are so well known that any reference to them would be superfluous. We shall therefore confine ourselves to the treatment.

At one time bad fluids in the stomach and intestines were said to be the cause, and emetics and purgatives were freely administered with the object of removing them. The peccant humors of the blood were long charged with being the cause not only of erysipelas but of most other pathological conditions, and consequently phlebotomy was added to the purgatives and emetics, and a great variety of alleged blood-purifiers was administered. This mode of treatment failing to accomplish the object, or to be followed by success, the theory of poverty of the vital fluid, the lack of fibrin, was promulgated and accepted as the chief cause of this, and many other kindred diseases. It was held that this was a simple inflammatory process, which spread, because there was not sufficient fibrin in the blood to form the necessary protective barrier. With this view, iron and quinine, with various other tonics, reconstructive remedies, abundant nourishment, and even stimulants were administered ad. lib.; while argent nit., tr. iodine, lead lotions, incisions, and even the cautery were locally applied, with the idea of assisting to establish the necessary barrier to its extension.

This treatment was doubtless much better than the former and produced incomparably better results. An innumerable number of other remedies have all along been advocated as specifics, based on no particular theory, but used empirically. Among the many, we will mention but two which prolonged their existence upon the principle of the survival of the fittest, viz., aconite and belladonna. Many prominent physicians have claimed good results from the latter remedies, and confidently advocated their use. Among these we may mention Liston, Fleming, Thompson, Trousseau, Phillips, Bartholow, and Köhler. Even at the present, opinion appears to be divided with regard to the merits of the two methods of treatment, although we believe the large majority have more confidence in the former or iron treatment.

But within the last ten years, more attention has been given to the removal of all foci from which infection might originate, pure air and disinfectants, in brief, to securing the most perfect hygienic environment possible. And now that it has been established through the persistent work of Hueter, that wherever there is erysipelas, cocci are found, and where there are no cocci, there is no erysipelas, antiseptic treatment must supersede

every other. But, unfortunately, it was found that applying antiseptics externally was insufficient to prevent its advance. Hueter found that only when a 2% solution of carbolic acid in water was injected, so that the whole erysipelatous area was undermined, was the disease conquered, and the multiplication of cocci stopped. But this method was too severe, although unfailing in its results, and many experiments have been tried with a view of accomplishing as good results with less suffering and cruelty. Kraske recently advocated scarifying the erysipelatous area, and applying carbolised compresses, but this would be no less painful than the former. Very recently, Professor Von Nussbaum, of Munich, claims to have absolutely arrested the erysipelas without pain and in an easy manner. When erysipelas attacks a wound, or sets up at any point, after proper disinfection and covering it with a gauze compress, Professor Von Nussbaum paints the whole erysipelatous surface with ichthyol ointment, composed of equal parts of ichthyol and vaseline. He then covers the painted part over with 10% salicylic lint, and fixes it on with a hydrophilous gauze bandage. This has absolutely arrested the disease in every case. "In a word," he says, "all symptoms of active irritation were, as it were, charmed away and returned no more." He recommends ichthyol collodion in erysipelas of the face, and ichthyol soap when on the hairy scalp.

He does not claim any antiseptic power for ichthyol, but thinks it probable that its reducing action so starves the nutrient soil of the cocci, that it is no longer suitable for their multiplication.

If this treatment be found so wonderfully successful in other hands, a great boon has been conferred upon us, and the professor is entitled to the gratitude not only of the sufferers, but also of the profession.

DEGREES IN MEDICINE.

The Toronto School of Medicine has applied to the Legislature for University powers, so far as to enable that "Corporation by or through such member or members as they may from time to time elect or appoint for such purpose, to confer the degrees of Master of Surgery and Doctor of Medicine upon candidates.

It seems a very strange departure for a medical

school to take, and one undoubtedly calculated, were the powers sought for bestowed upon the school, to lower medical degrees very much in Canada. For were such powers given to one school, they could not with the least show of justice be withheld from any of the others, and it needs no prophet to predict the result of the erection of as many medical graduating bodies as there are medical schools.

Trinity School is also seeking a few slight amendments to her Act of Incorporation, of no importance, outside of the Corporation itself. In view of the bare possibility of the degree conferring power being given by the Legislature, to any school of medicine, the Corporation of Trinity School has petitioned that it is desirable that they should be placed on an equal footing with other medical schools and colleges in respect to the power to grant degrees in Medicine, Surgery, and Midwifery. A section has been added to the Trinity Amendment Bill making due provision in this direction. Let us hope that this section may not be rendered necessary. On looking at the *Ontario Gazette* it appears that the notice of the application of the Toronto School was published more than a fortnight before that of Trinity. We believe we are correct in saying that unless degree conferring powers are given to other medical schools, Trinity has no wish whatever to obtain them. But were they so given, not only Trinity but all other medical schools in Ontario, would of necessity have to obtain equal privileges. Now it is scarcely to be conceived that the Legislature will grant such powers to all the medical schools in the Province. The whole history of University education goes to show that where many institutions in a country are given university powers, the degrees become cheap and comparatively worthless, and the reason for such deterioration is on the surface. Such action on the part of the Legislature would be to throw us hopelessly backwards for years as regards medical education, for we know by experience how tenacious of life even the smallest and most insignificant of degree granting institutions are. The medical profession in Ontario occupy, under present circumstances, at least a respectable position. Let us hope that we shall never fall upon the evil days of the cheap and worthless degrees, which have so long disgraced some of the states in the neighbouring republic; but that our young men

from all medical schools, shall as heretofore, go for degrees in Medicine and Surgery, as well as in Arts, to our universities only.

ONTARIO MEDICAL COUNCIL.—The *Br. Med. Jour.* Feb. 5th, 1887, has the following comments on the proposed action of the Ontario Medical Council, in regard to British qualifications: "It is reported that the Medical Council of Ontario proposes to refuse to register diplomas obtained in Great Britain or Ireland, and to compel all persons holding such diplomas to submit to an examination before the Council. All persons registered in the United Kingdom have been entitled to registration in Ontario without undergoing further examination. The reason for this retrograde step is stated to be, that many students of medicine from the Province, after graduating in one of the universities, travel to England, where they spend one year in further study, and obtain an English qualification, on the strength of which they claim registration on their return to Ontario. As the Ontario Medical Council does not, we are informed, refuse to permit men to practise after a three-years' curriculum, it is not clear that the new regulation is framed in the interest of the public. The new Medical Act (1886) permits the registration of colonial diplomas in this country on and after next June, yet this is the epoch chosen by the Ontario Medical Council to impose a vexatious regulation. What name must be applied to such a course? It is not reciprocity, for the Province withdraws a privilege at the moment that the Old Country grants a privilege; perhaps it is to be styled retaliation. Has not La Rochefoucauld a maxim to the effect that the surest way to turn a friend into an enemy is to do him a service?"

TYPHOID FROM A SINGLE DRAUGHT OF WATER.—M. Dujardin-Beaumetz, reports (*Br. Med. Jour.*), the case of a family which was stricken with typhoid by drinking once of water from a contaminated well. They had rented a house at a fashionable resort, and then were warned that the water was dangerous. As a result of such warning, no member of the family used the water until the last day of their stay, when the artificial water they had been using being exhausted, the wife said: "For once, surely, there can be no harm in drinking the well-water." Out of nine persons who

partook of it, six have since died from typhoid. On examination, the water was found to contain the bacilli said to be causative of typhoid fever.

PATHOGNOMONIC SIGN OF CANCER OF THE STOMACH.—German writers have held that in cancer of the stomach, hydrochloric acid is always absent. This has been corroborated (*Lancet*) by M. Debove, who finds such a condition to be constant in cases of cancer, and he proposes such it shall be a pathognomonic sign of malignant disease of the stomach. He says hydrochloric acid is constantly present in every other form of indigestion. In the case of a patient shown by him to the Société Médical des Hopitaux, the diagnosis of cancer was made by this means when no other symptom was present, though there is now no doubt as to the nature of the disease. M. Debove proposes that the liquid shall be obtained from the stomach by means of the œsophageal tube, and tested for HCl. Among other tests mentioned is the German one of a solution of gentian violet, 1 to 5000, which gives a blue color with HCl.

CHRYSOPHANIC ACID IN ACNE.—Dr. Metcalfe (*Boston Med. and Surg. Jour.*) highly recommends this agent in acne. He says he has not failed to cure perfectly any case in which the treatment has been adopted. The face is to be washed with soap and well dried, at night. Before retiring, the parts in which the acne is, are to be well rubbed with an ointment of 3 grains of the acid to the ounce of vaseline, and this is repeated nightly until a sharp inflammation of the skin ensues. The inunction is then omitted till the dermatitis is gone, when it is repeated. In most cases a 3-grain ointment is of sufficient strength, but occasionally the strength is to be increased up to 5 grains to the ounce, or even more. The patients are to be cautioned about the staining of their fingers and clothes and to guard their eyes.

CONTAGIOUSNESS OF TETANUS.—The idea that tetanus is contagious is gaining ground. The *Lancet* mentions an interesting paper, read by M. Langer, in which he seems to show clearly that the disease is contagious. He mentions the case of four patients who died of tetanus, after different wounds which should not have produced serious trouble, but who were placed in contiguous beds. Another case is cited in which a veterinary sur-

geon had an epidemic of tetanus in horses, five of which died after castration by an *écraseur* used on a horse that died of tetanus. The *écraseur* was then disinfected by heat, and no tetanus was produced in animals on which it was afterwards used.

THE SIR ERASMUS WILSON BEQUEST.—A round-robin has been signed by a large number of the leading medical men in London, and sent to the council of the Royal College of Surgeons, asking that a part of the Sir Erasmus Wilson bequest be appropriated to the establishment of an institution under the direction of the College, which shall have for its object "Physiological and Pathological research." They note the fact that such an institution has long been needed, and that Englishmen have now to look to Berlin, Paris and the other continental cities for the newest developments of physiology and pathology.

REDUCTION OF DISLOCATION OF THE HUMERUS BY RIGHT-ANGLE TRACTION.—We notice several reports in the various journals, relative to the ease with which shoulder dislocation may be reduced by Mr McLeod's process. It consists in making traction at right-angle to the patient's body, steadying the body by the foot, or by any other means the operator chooses. All who have attempted it, seem to regard it as highly successful, the reduction being obtained with the minimum amount of pain and force. The characteristic "snap" is sometimes wanting.

SALICYLIC ACID IN CHANCROID.—The above drug has been recommended by numerous authors in the treatment of chancroid. The sore should be first washed with some antiseptic fluid, and then dusted with finely pulverized salicylic acid. This should be repeated twice a day for four or five days, when the sore will usually have been converted into a simple ulcer. Then nothing more is required than the employment of say a boracic acid lotion, under which it rapidly heals. This plan causes little pain or inconvenience of any kind, and can be carried out by the patient himself.

EXPERT TESTIMONY.—Dr. Darby, of Morrow, O., has submitted (*Boston Med. and Surg. Jour.*) to two days' imprisonment, rather than recede from his position that he should not be called upon to give expert testimony without receiving an ex-

pert's fee. He answered as to questions of fact in the case, one of wife murder, but refused to reply to the question "whether in wounds like this there would be immediate gaping, or would the lips of the wound for a time remain in contact, or nearly so?"

OPHTHALMIA NEONATORUM.—The following is given (*Progress*) as an excellent collyrium in simple cases :

R Sodii boratis, gr. xv.
Sodii chloridi, gr. ii.
Acidi carbolici, mij.
Aq. destil.
Aq. camph. āā 3j.

Sig.—Drop into the eyes *p. r. n.*

THE BINIODIDE OF MERCURY AS AN EMMENAGOGUE.—Dr. Illingworth, writing to the *Lancet*, says he has found the red iodide of mercury a certain and safe emmenagogue. He uses the following :

R Sol. hydrarg. bichlor, 3j.
Potass. iodid. ʒss.
Ferri. amm. cit. ʒj
Ether chlorici, 3ij.
Aquam ad. ʒviij.

Sig.—ʒss. after each meal.

RESORCIN IN ECZEMA.—Dr. Chace (*Therap. Gaz.*) reports prompt and complete cures of eight cases of chronic eczema from the use of the following :

R Resorcin, 3ij.
Glycerin, q. s. ad. 3ij.

Sig.—Apply with camel's hair pencil morning and evening.

VOMITING OF PREGNANCY.—Dujardin-Beaumetz gives (*Jour. de Phar.*) the following for the uncontrollable vomiting of pregnancy :

R Cocaine hydrochlor. gr. viii.
Aq. destil. ʒ x, M.

Sig.—3j every hour.

ANTIPIRYNE IN ULCERS.—Dr. Bosse reports (*Berliner Klin. Wochens.*) the cure of several chronic ulcers by the application of Antipyrine for ten days, followed by an ointment containing 2 per cent of inhate of silver.

PULSATILLA IN ACUTE ORCHITIS.—Mr. Gerard Smith writes to the *Lancet* concerning the action of pulsatilla in inflammatory states of the testicle, epididymus and spermatic cord. He says it subdues the pain so rapidly that morphia is not needed, and that swelling and heat subside "more rapidly than under any other drug."

DEATH FROM PASTEURISM.—The death of a boy at Odessa is reported, from inoculation according to Pasteur's system. He died of rabies, about four months after the operation, though the dog which bit him is still alive, and up to the present time has shown no symptoms of hydrophobia.

INCISION IN TONSILLITIS.—Dr. Maclean recommends (*Br. Med. Jour.*) the early incision of the tonsils in quinsy. He has found that the free use of the knife results in a speedy abatement of all the troublesome symptoms.

VIBURNUM PRUNIFOLIUM IN ABORTION.—This remedy says the *Medizinal Zeitung*, has been lately again brought under notice by Wilson of Liverpool. He has used it with the most gratifying results, especially in cases where abortion was habitual. The author uses it in doses of 2 grs. four times daily, in pills or powders. Opium was only added when the contractions of the uterus were very painful.

HONEY AS A PREVENTIVE OF DIPHTHERIA. Dr. W. L. Smith, of Glanford, Ont., writes to say, that he has observed that where honey has been used freely as an article of diet, cases of diphtheria have not been met with. He would like to hear from his professional brethren on the subject.

BRITISH DIPLOMAS.—Dr. Charles Trow (Trin.), has obtained the L.R.C.P., London, and Drs. Edward Foxten, of Brockville, and Hewitt, of Toronto, have obtained the M.R.C.S. Eng.

APPOINTMENTS.—Dr. H. S. Clarke, of Lucan, has been appointed Coroner for the Co. of Middlesex.

Dr. C. E. Casgrain, of Winsor, Ont., has been appointed a member of the Senate, Ottawa.

Dr. R. P. Howard, of Montreal, has been elected Associate Fellow of the College of Physicians, Philadelphia.

PARTNERSHIP.—The friends of Dr. W. F. Chap-

pell will be pleased to learn that he has formed a partnership with Dr. A. H. Smith of New York.

For full particulars regarding the Medical Council Examinations, 1887, see advertisement.

SOZODONT.—This preparation consists (*American Analyst*): Soap, 5 parts; glycerine, 6 parts; spirits, 30 parts; water, 20 parts. Flavored with several cheap oils, and colored.

GONOCOCCI IN JOINTS AFFECTED WITH GONORRHEAL RHEUMATISM.—Bergman has recently confirmed (*Centralb. F. Chirurg.*), the views of Neisser and Bockhart on this question. He found the organisms in abundance in the turbid fibrinous fluid taken from the inflamed joints.

J. B. JOHNSTON, M. D.

It is our painful duty to announce the death of Dr. J. B. Johnston, of Sherbrooke, on the 2nd of January, at the ripe age of 74 years. The deceased was educated in Edinburgh and took his degree of M. D. from Edinburgh University in 1833, after which he spent some time in the Hospitals of London and Paris. He came to this country in 1845 and settled in Sherbrooke. He had in a great measure retired from practice during the past few years. He was a man of superior education and good judgment, and was well known as one of the oldest and most respected practitioners in Canada. He leaves one son only, a worthy successor of a worthy man, Dr. W. G. Johnston, of Montreal.

A. M. DINGWALL, M.D.

We regret also to announce the death of Dr. Dingwall, of Glanford Ont., at an early age, after a protracted illness of two years. Deceased was a graduate and Gold-Medalist of Trinity University, Toronto. He graduated in 1873. He was also a graduate of Long Island College Hospital. He was a successful practitioner, greatly beloved and respected by those who knew him, and bore his long illness with Christian fortitude. His end was peace. He leaves a loving wife and two sons as well as many other near and dear friends to mourn his loss.

Books and Pamphlets.

DISEASES OF THE BLOOD AND NUTRITION, AND INFECTIOUS DISEASES ; being Vol. IV. of "A Handbook of Practical Medicine." By Dr. Herman Eichhorst, Wood's Library for 1886 ; Illustrated : New York, Wood & Co.

This volume does not fall short of its antecedents in evincement of the wide erudition of this indefatigable author, who seems to have been inspired with the conviction that it behoved him to expatiate on the whole range of human morbidity, with that love of minute details which is the well known virtue of all German writers. It is questionable whether some of the fastidious class of readers might not be disposed to condone the oversight (had it occurred) of a few of his chapters, in which he has treated of diseases, the presence of which in Switzerland must be of very rare occurrence, if indeed it has ever been known. Take, as example, "Yellow Fever." How many cases of this dread malady could ever have come under the observance of the Zurich professor ? Was not the medical world already as abundantly supplied with cyclopedic publications, as to have ungrudgingly dispensed with the author's two pages on a disease which has commanded the earnest study of a host of close observers and powerful thinkers, in countries in which it is an endemic resident, or to which it is an enepidemic visitant ? It has been said that "brevity is the soul of wit." The reader who, probably thankfully, lights upon Professor Eichhorst's five terminal yellow fever lines, in which he despatches the momentous subject of "*Treatment*," may feel tempted to accuse him of possessing this unnatural German endowment ; and as it holds good in our Hibernian fellow-countrymen, that keen wit and the faculty of uttering bulls are twin sisters, so when he finds the leading item of yellow fever *treatment* to consist in the following prescription, he may suspect that the author, or his fore-bearers, have once trodden the soil of the "Island of Saints." Here it is : "Ships, passengers and merchandize from yellow fever ports must be strictly quarantined and disinfected." This, of course was written for the instruction of foreign physicians—not for those of Switzerland, who do not see many ships enter their ports, and need not any quarantine laws to protect them from entrance of the scourge.

Three lines more, for the benefit, of course, of outsiders, dispose of the Swiss treatment of yellow fever. What a benefactor to oblivious Grecians would the author, or his obedient translator, have been, had he felt able to use simpler and shorter words throughout his learned treatise. Aged readers who have long ago forgotten the elements of the Greek language, as well as younger ones who never loaded themselves heavily with etymological spoils, find it trying on their patience, to have continually to search Dunglison for their mother tongue equivalents of polysyllabic jaw-breakers, which if boiled down would have sounded quite as euphonically, and have averted much disquietude. If space permitted, we could furnish a pretty long list of these learned monstrosities ; but as the book is one of high general merit, we may safely commend it, as a whole, to the kind verdict of the readers of our LANCET.

DISEASES OF THE LUNGS AND PLEURÆ INCLUDING CONSUMPTION. By R. Douglas Powell, M.D., Lon., F.R.C.P. ; Physician to the Middlesex Hospital and to the Hospital for Consumption, at Brompton. Third edition, with illustrations ; Wood's Library for 1886. New York : Wood & Co.

This is a book of great value. The author has had ample opportunity for the study of the diseases of which it treats, and no one who reads the work carefully will say that he has not availed himself of the advantages presented in the important professional positions held by him. The style is simple and clear, and the diction is equally free from prolixity and obscurity. Perhaps it may be thought by some readers that the space devoted to the various forms of phthisis—two-fifths of the whole volume—is comparatively long ; but it is very natural, and indeed very laudable, that a "Physician to the Middlesex Hospital and the Brompton Hospital" should dwell at greater length on this terrible malady, not indeed, we fear, because of any great advance made of late years in its treatment, but with the view of rendering the etiology and pathology of the disease better understood by the general profession. That Dr. Powell has well succeeded in this relation no experienced or well-trained practitioner of medicine will question. Amid the deluge of new books now teeming from the medical press it is really comforting to light upon one that is worth both the cash outlay and the time devoted to the perusal. This book is worthy of both, and will give a good margin of profit.

THE SCIENCE AND ART OF OBSTETRICS. By Theophilus Parvin, M.D., LL.D., Prof. of Obstetrics, etc., Jefferson Medical College, Philadelphia; Octavo 697 pages, with 214 engravings. Philadelphia: Lea Bros. & Co. \$4.25.

The author in his preface says: "This work was begun five years ago, and a task which then seemed comparatively easy grew in difficulty as the author proceeded in his effort to present a clear, and, as far as the limits of such a volume permit, a complete exposition of the Science and Art of Obstetrics." Nearly his entire time, for the last eight months, has been devoted to the rearrangement of material that had been collected, adding to it, and to its supervision as the book was passing through the press. He has endeavored to present the most recent information relating to Obstetrics, at the same time not overlooking important truths established by past experience. Having been actively engaged in practice for upwards of thirty-four years—and nearly two-thirds of that time a medical teacher—he has endeavored to write a book which will be useful alike to students and practitioners. This new treatise on the Science and Art of Obstetrics will undoubtedly prove acceptable and useful to the profession. We recommend it to the attention of our readers.

MANUAL OF LIFE INSURANCE EXAMINATIONS. By James Thorburn, M.D., Edin., Prof. of Materia Medica, Toronto School of Medicine, Surgeon Toronto General Hospital, etc. Toronto: Ellis & Moore.

This little brochure will, we are sure, be gladly welcomed by the medical profession in Canada. The examination of applicants for life insurance is a most important duty, and one requiring a knowledge of many facts not taught in our schools, and not alluded to in the text-books; hence the value of a work of this kind. It deals with classification of risks; influence of heredity and other circumstances affecting the risk; examination of the urine; expectation of life, etc. The work will be found most practical and useful, and should be in the hands of those who are in the habit of examining applicants for life insurance.

HOW WE TREAT WOUNDS TO-DAY. A treatise on the subject of Antiseptic Surgery by Robt. T. Morris, M.D., late surgeon to Bellevue Hospital.

Second Edition. New York: G. P. Putnam's Sons, \$1.00.

This quaint and unique little work has been most favorably received by the profession. The author says in the "FIRST WORD": "This book is modest only in size. It possesses dignity only in its facts. There is little of originality in what it teaches." The author's idea is "to present in digestible form a dish of truth from which all the bones have been removed." The style, matter and construction of the work bear out the author's statements in his "First Word."

VICARIOUS MENSTRUATION.—Puech has collected the statistics of 200 cases of vicarious menstruation, with a view to determine the parts of the body most liable to be the seat of vicarious hemorrhage. Bleeding occurred from the roots of the hair in 6 cases; from the auditory canal in 6; from the lachrymal gland in 10; nose, 18; gums, 10; cheeks, 3; mouth, 4; bronchi, 24; stomach, 32; mammary glands, 25; axilla, 10; umbilicus, 5; bladder, 8; intestines, 10; hands, 7; inferior extremities, 13; various other regions, 8. In girls who are the subjects of vicarious menstruation, the genitals are always moist at the menstrual periods, and give rise to a muco-sanguinolent secretion.—*Giornale Italiano delle Scienze Mediche.*

MUSCULAR RHEUMATISM DUE TO THE USE OF TOBACCO.—I have met a great many cases of muscular rheumatism (says Dr. Edward Lawson in the *Maryland Medical Journal*) due to the use of tobacco in some form, mostly in the shape of snuff placed under the tongue. All remedies were unavailing whilst the use of the weed was indulged in. Every practitioner, I think, on meeting with a case of the above disorder, should inquire as to the tobacco habit, and correct it, if possible.

Births, Marriages and Deaths.

On the 7th ult., Dr. Jas. Beckwith, of Tusket N.S., aged 76 years.

On the 5th ult., H. M. Peters, M.D., of Carleton, N.B., aged 67 years.

In Toronto, on the 20th Feb., Dr. J. W. Patterson, formerly of Harrowsmith, Ont., aged 33 years.

* * * The charge for Notices of Births, Deaths and Marriages is Fifty Cents, which should be forwarded in postage stamps with the communications.

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Original Communications.

A CASE OF IMPASSIBLE STRICTURE OF THE URETHRA SUCCESSFULLY TREATED BY POST PROSTATIC PUNCTURE.

BY N. E. MCKAY, M.D., C.M., M.B., M.R.C.S., ENG.

Surgeon to P. & C. Hospital, Halifax, N.S.

Of the various methods of operating for the establishment of continuous drainage from the bladder the operation termed "post prostatic puncture," gives the best prospect of success. This operation is easy to perform, and the bladder is tapped in the same place as it is in the rectal operation. The danger of wounding the urethra, prostate, vesicula seminalis or peritoneum is imaginary. It is free from most of the objections which can be raised against the operations recommended in our Text Books on Surgery. It does not interfere with the process of defecation, neither does it come in the way of the genital tract, and it affords an easy method of draining the bladder. The danger of extravasation of urine with its concomitant evils might be raised as an objection to its performance, but the same objection might be urged against the old operations, and besides, should extravasation take place the urine is likely to follow in the direction of the least resistance and will escape through the perineal opening. It is rather surprising that no author has yet seen fit to recommend in any work an operation, which in my opinion, is likely to supplant those hitherto in vogue. In support of the views set forth above I beg to report the following successful case:

F. W., engineer, aged 32, married, was admitted into the hospital Sept. 21st, 1886, suffering from impassible traumatic stricture of the urethra.

Previous history: Seven years ago patient received an injury in the perineum by falling astride a piece of wood after which he immediately passed a large quantity of blood by the urethra; and ever since, the process of micturition has been attended with pain and vesical tenesmus, and a prolongation in the length of time taken to empty the bladder. Four years ago he had for the first time an attack of complete retention of the urine which was accompanied by severe pain and tenderness in the perineum, relief being afforded by a profuse discharge of blood and pus. Since then he has had periodical attacks of retention every three months, relief being always afforded by a copious discharge of sanguineous pus. In the intervals, although the stream was very much reduced in size, he could void urine without any very great inconvenience. Subsequent to his having received the injury he had two attacks of gonorrhœa but the clinical clerk who took his history omitted to record their dates. Fourteen days prior to his admission into the hospital the patient had an attack of retention, and as usual it was followed by a profuse discharge of blood and pus, which this time gave him no relief. He now consulted a physician, who made several attempts at different times with and without an anæsthetic to pass an instrument but without success. In trying to pass an instrument under an anæsthetic, the doctor, the patient says, used a steel sound, and the attempt was followed by a copious discharge of blood. Patient says the doctor when first called ordered him a warm hip bath, rest in bed, and some medicines, and that in two hours after using the means prescribed he was able with difficulty to partially empty his bladder.

Present Condition.—When admitted, patient was in great pain, having voided only eight ounces of urine during the past twenty-four hours, and that with great pain and difficulty, and most of it in dribblets. His bladder was over distended, and rose about one inch above the umbilicus; he had severe pains in the back, hypogastrium, and perineum. The perineum was extremely tender to the touch, and the part of the urethra immediately under the sub-pubic arch was quite thick and indurated to the extent of fully one inch and corresponded to the seat of the main stricture. In the penile portion of the urethra and about half an inch anterior to the scrotum a small cartilaginous ring was found which corresponded with the seat of

the second stricture. The penile stricture admitted a size 7 (English) bougie, and the stricture under the sub-pubic arch, was impassable. The urethra at the seat of stricture was extremely painful and tender. The patient was very restless and had an anxious and pinched appearance; had no appetite; his tongue was coated with a thick brown fur and his pulse weak and frequent. He was greatly emaciated and completely prostrated.

Immediately on admission the house surgeon, Dr. Lockwood, gave him two grains of opium and put him into a warm bath where he kept him until he was nearly faint, and then put him to bed and applied a warm linseed meal poultice to the perineum and hypogastrium. In an hour's time he was able with difficulty to pass eight or nine ounces of urine. Two hours after patient was admitted I saw him for the first time and tried to pass an instrument but the urethra being excessively tender and painful, especially at the seat of strictures, I had to abandon the attempt. To relieve the excessive pain and tenderness I injected two drams of a 4% solution of hydrochlorate of cocaine into the urethra at the seat of stricture, but no relief was afforded. During the next four or five days several unsuccessful attempts were made, with and without cocaine solution, to pass an instrument. During these days patient managed with much pain and difficulty to keep his bladder empty. In the afternoon of the second day after admission, he had a slight attack of retention accompanied by urethral fever, chills and rigors.

At a consultation of the medical staff of the hospital it was determined that an operation was essential to permanently relieve the patient. I accordingly on the fifth day after admission performed the operation termed "Post-Prostatic Puncture," in the following way: The bladder being distended and the rectum washed out thoroughly, the patient under an anæsthetic was put in the lithotomy position, the left index finger well oiled was introduced into the rectum and used as a guide. A rectal trocar and canula was thrust into the median raphe of the perineum three-fourths of an inch anterior to the margin of the anus, and gently pushed on between the rectum and urethra, guided by the left index finger until the posterior border of the prostate gland was reached. I then searched with my finger for the trigone, and having found it I suddenly and forcibly introduced

the trocar and canula into the bladder. The silver canula was left in for three days, and the urine drawn every two or three hours. On the third day the canula was replaced by a gum elastic catheter, and the urine allowed to constantly dribble away through a tube which was fastened by one end to the catheter, the other end being kept in an antiseptic solution. On the fifth day after the operation the catheter became blocked—it being only size seven, English. The patient's temperature suddenly ran up to $103\frac{1}{2}^{\circ}$, and he had a very pronounced chill—but on cleaning the tube thoroughly his temperature at once fell to normal, and henceforward his improvement was uninterrupted. From the time the operation was performed the patient was almost entirely free from pain, and the urine which was ammoniacal and loaded with mucus and pus, began to improve in colour and quality. On the 6th day of October—the tenth day after the operation—I succeeded in passing a flexible bougie, size 2 F., without giving the patient any pain, and on the tenth a size 3 was easily passed. From this time the rapid dilatation method as recommended by Mr. Savory was adopted and continued for five or six days until a size 7 F. was easily passed; after this the gradual dilatation method was resorted to. On the 7th of October the urine began to ooze a little on either side of the catheter, which was removed on the 11th, and the patient was allowed to pass urine *per viam naturalis*. During the following three or four days four drops of urine escaped through the opening in the perineum in the act of micturition, but at no other time. When he left the hospital on the 20th of October a size 9 F. was easily passed and he could void a good large stream, and there was no perceptible leakage through the perineal opening.

To perform the operation of "Post-Prostatic Puncture," with the best prospect of success, a trocar and canula of a size 12 English should be used and the canula should at once be replaced by the largest size gum elastic catheter that can be introduced. By using these precautions the danger of the catheter becoming blocked is almost entirely removed. In my case I was obliged by force of circumstances to use a size 8 Eng., and a correspondingly small size catheter.

The patient who was very unpleasant and hard to manage, left the hospital against our wishes

before complete cure could be effected. However the success of the case while under my treatment serves to prove the feasibility of the operation as well as its many advantages over the old operations. In conclusion I must express my gratitude to the Clinical Clerk Mr. Pearman, for the careful and accurate way in which he recorded the history of the case.

CASES IN PRACTICE.

BY PRICE BROWN, M.D., L.R.C.P., GALT, ONT.

CASE I. Mrs. D., a primipara, was delivered of a fine healthy female child on the 1st January, 1886. The labor was normal; and the mother made a good and rapid recovery. On the third day the nurse noticed a slight pink spot, circumscribed and nearly a quarter of an inch in diameter, in the centre of the infant's right cheek. My attention was not drawn to it until the middle of February. The cheek presented a well marked case of arterial telangiectasis. The tumor was bright scarlet, half an inch in diameter, and elevated a quarter of an inch; it was very hot, compressible, and producing an elevation of temperature on that side of the face of several degrees; I advised an early operation, but ineffectually. Two months later, during my absence from home, the mother applied to another physician who vaccinated the *nævus*, but without any good result.

In October the mother again applied; she still refused an operation, but was willing to have anything else done. The tumor was greatly enlarged, over an inch in diameter, circular, and elevated half an inch: still the same bright scarlet color. Thinking it a good opportunity to try the experiment, I determined to try "Borugeri's Treatment or Telangiectasis." He recommends that the spots and area of skin two mm. beyond, be painted four days in succession with a four per cent solution of corrosive sublimate in collodion. "The cure" he says, "is rapid and painless." The promise of good results was at first very fair; the application produced no pain, checked the growth of the tumor, and cooled the surrounding cheek; at the same time a dense thick scab was produced; in a few days this loosened round the edges, and could be partially taken off without resulting in hemorrhage; still the *nævus* was there, though slightly

less elevated. Accordingly I continued to test its efficacy for three weeks, making the applications at intervals of two or three days, and taking off the scabs as circumstances allowed.

At one time there was some ptyalism; but as the infant was teething, though no teeth had appeared, I did not think it arose from the absorption of mercury; several thick crusts had been shed, and the growth did not seem to be more than at the commencement. At this stage I doubled the strength of the corrosive sublimate, carefully watching its effects; no salivation resulted; the surface was however getting raw, and the application of the eight per cent. solution produced considerable pain; the crusts were thicker; but the arterial feeding branches beneath, being fully up to their work, seemed to sustain an almost equal combat. Believing that I had given the treatment a fair trial, with a very doubtful prospect of a successful issue, the little patient was given a two weeks' rest; by this time the crusts were thrown off; the tumor presented a smooth surface, outline almost as extensive as at the commencement of treatment, and with every prospect of a more rapid growth. The vein leading down from the *nævus* to the angle of the jaw, was very large and distinctly visible.

The parents having reluctantly consented to an operation, Dr. Sylvester kindly administered chloroform. I ligatured according to Liston's plan, with the exception that instead of passing the first needle across the tumor unarmed, and raising it by means of the needle, I armed the needle with strong silk cord, and raised the growth on it, so as to pass the cross needle below it, thus simplifying the operation. We thought it advisable also to dispense with cutting the skin. The sutures were drawn very tightly. In the course of ten days the outside shell separated, leaving a fungoid mass in the centre. Another ligature was thrown round it, completely separating the growth in the course of another day; a healthy cicatrix soon followed; it is diamond shaped, of the same hue as the cheek, and gradually contracting, giving promise of very little deformity.

The points of interest in connection with this case are: 1st. The impunity with which a strong solution of bichloride of mercury was so frequently applied without producing absorption, and the consequent ptyalism; and, 2nd. The possibility

which it presented of removing smaller nævi and similar growths effectually and without pain.

CASE II. Obstruction of the bowels. J. B., a retired farmer æt. 88 years, had in the summer of 1884 an attack of erysipelas of the left leg. The œdema was very extensive, to relieve which I lanced it freely in several places, resulting in copious discharges of pus and serum. The old man made a good recovery: but as he was thin, and his blood much impoverished, I prescribed dialysed iron to be taken for a considerable time. I then lost sight of the case until March 17th, 1885, when I was again summoned. He told me that with the exception of short intervals, he had taken the iron regularly for two months after I had prescribed it; he had been very well, with the exception of some constipation and occasional chills. These chills occurred every two or three weeks; he would go to bed, apply hot applications, and be all right next day. During the winter however, the chills had increased in frequency as well as severity, and for some days had been diurnal; he had postponed obtaining advice, thinking that the symptoms were incidental to his extreme age; latterly his stomach had ceased to retain solid food; and even fluids in any quantities would be rejected; his bowels were obstinately constipated and urine loaded with bile.

On examination he presented an emaciated appearance; his whole body was of a dark hue; eyes yellow, and tongue heavily coated. The abdomen was generally contracted; but in the right upper portion of the umbilical region there was a solid tumor, placed almost vertically, inclining slightly to the left; the length seemed about four inches, and the breadth and thickness two; it was movable to a limited extent. The diagnosis was obstruction of the bowel—but not of the colon—the position not being identical with the latter. If of the colon, why should there be jaundice and emesis of all solids? If of the duodenum these results would naturally follow. In treatment I refrained from injections, believing that it would be impossible to reach the obstruction with any prospect of a successful issue. One ounce of castor oil was administered and retained; six hours later there had been neither vomiting nor purging. There was however considerable tympanites: so much so that it was impossible to accurately define the tumor. The ounce of oil was repeated and a slight poultice applied.

18th—There had been a stool, though scanty, containing small pieces of hard scybalous matter. The tympanites was somewhat less, and the tumor could be defined. It seemed smaller; was a little lower down, and lying to the right of the umbilicus. The hour for the customary rigor had passed by without its occurrence. With some difficulty I got the patient to take another large dose of castor oil; towards evening he had a very copious stool, composed largely of similar hard almost black scybalous matter in small angular pieces; tumor still perceptible though smaller. During the next two days, the patient took a teaspoonful of castor oil each morning, resulting in full evacuations. The abdomen became quite flat; tumor had disappeared, together with the jaundice. No rigor had occurred since commencement of treatment, and appetite for solid food was returning. By proper care his bowels subsequently continued regular; and there has been no recurrence of the obstruction. Several weeks ago I met him taking a constitutional; he told me he was ninety years old the previous Tuesday. *Remark*—If the obstruction had been in the ascending colon, its progress would naturally have been across the abdomen and down the left side, instead of diagonally and to the right of umbilicus. *Query*: Had the dialysed iron anything to do with producing the obstruction?

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I would like to draw your attention to an omission in the statute regulating the jail delivery of the pauper insane, and the injustice frequently done to members of the profession by reason of it. I refer to the discretionary power given to the county judge or the sheriff to select a medical examiner, in addition to the jail surgeon, to fill the certificate of insanity.

Many of the patients whose cases require asylum treatment are among the poorest in the community, and the physician whose heart is reputed to be the largest is sent for, and on him devolves all the trouble and labor of securing entry for his pauper patient to the asylum, through the common jail. It is only after such patients are imprisoned and become wards of the State, that the services of the physician are recognized, that is, the statute provides for the payment of fees to two physicians

(one of whom is to be the jail surgeon), to certify to the mental condition of the patient. Now, in the name of all that is fair, reasonable and courteous, who should the other be? I believe the unanimous opinion of the profession is, that the one who initiated the proceedings and had all the labor, should be chosen. But what do we find? The gentleman who knows everything concerning the history of the case is entirely ignored, and one who is wholly unconnected with the case—whose qualifications are not those of a specialist in mental diseases, is selected by the sheriff to fill the certificate and claim the fee.

In several of the States, I believe, the law expressly recognizes the *right* of the attending physician, and names him to be one of the examiners. Our statute should certainly be amended in this respect.

Yours,

VERA PRO GRATIS.

Reports of Societies.

CHATHAM MEDICAL AND SURGICAL SOCIETY.

CHATHAM, March 11th, 1887.

Dr. Rutherford, president, in the chair.

Dr. Holmes related a case of lithotripsy in a young man aged 26. A phosphatic calculus was removed in two sittings, the fragments of which weighed 2 iii gs. Patient made a good recovery.

Dr. Fleming read a paper on a case of Fracture of the Trachea, with laceration of the external soft parts. On the 6th of March, 1884, he was summoned to see J. B., æt. 46, a spare, muscular man. Found him suffering from a fracture of the trachea, with laceration of the external soft parts, and just rallying from a profuse hemorrhage. An examination of the wound with the finger started the bleeding again, which nearly proved fatal from loss and asphyxia. His violent efforts to expel the blood from his lungs, made it almost impossible to do anything to stay the hemorrhage. He was placed on his side, as well over on his face as possible, and ice applied. The bleeding ceased in a few minutes; he was conveyed to his home and placed in a large airy room, kept at a temperature of about 80° F. and its air moistened with steam. No attempt was made to close the wound, which was dressed with oil silk, over which an ice-bag was kept constantly applied. Pulse 120, temp.

100° F. He was given ergot and bromide of potassium, with a diet of milk and beef-tea. Five days later violent secondary hemorrhage set in, lasting half an hour. Similar treatment was pursued to that adopted for the arrest of the primary hemorrhage. A large quantity of fluid and clotted blood was coughed up, and the bleeding ceased when nature seemed about exhausted. He rallied slightly, when, with an almost superhuman effort, he dislodged a firm, dense clot about as large as a horse-chestnut, with immediate relief. Nourishment was given him as soon as expedient, and the bromide increased. Pulse 126, temp. 102°, though both were about normal before the hemorrhage. Thirty-six hours later, moderate hemorrhage again occurred, lasting twenty minutes. For a week after this his temperature ranged from 100° to 102° F., but remained normal the balance of his convalescence. Six weeks after the injury the wound was closed by a fibro-cellular membrane, and during this time not more than 3 iv of pus was secreted. The fourth, fifth and sixth rings of the trachea were divided, the ends separating about half an inch, while the posterior portions of them were somewhat twisted upon themselves. The missile, a square-ended white ash stick, 3½ ft. x lin. x ½ in., was broken into two pieces by the resistance it met. It was shot like an arrow from a drive-wheel making 1400 revolutions per minute, striking immediately above the sternum and a little to the left of the median line. Since the accident, he has suffered from diplophonia and experiences much difficulty in expectorating mucus. *Treatment.*—The hemorrhage was controlled by ice, it being impossible to ligate the vessels or to apply sufficient pressure to arrest it. Inserting a tracheotomy tube and packing the wound was inadmissible, while the lungs were loaded with blood. Ergot and pot. bromide were given to lower blood-pressure and to lessen the irritation.

Dr. Holmes favored using ergot but not the bromide, owing to its depressing action on the system and its soothing influence on the bronchial tubes. Thought opium, combined with atropine, would perhaps be better.

Dr. McKeough said a night-cap device, applied to the head and fastened to the chest, was very useful in controlling the movements and keeping the chin in a flexed position. Opium was open to the same objection as the bromide.

The President would be inclined to use ergot and bromide, carefully watching their effect upon the patient. He thought belladonna might be useful. He wished to know the prospects of the patient always having a patulous trachea.

Dr. Fleming, in reply, said he used bromide, as the patient had no symptoms of heart failure at any time. Did not fear contraction of the trachea.

BRANT MEDICAL ASSOCIATION.

The regular quarterly meeting of the Brant Medical Association was held in Brantford, March 2nd; the president, Dr. A. J. Henwood, in the chair. There was a good attendance, including as visitors Dr. Rosebrugh, of Hamilton, and Dr. Carson, Brantford. Dr. Rosebrugh read a paper on "Points in Abdominal Surgery," confining his remarks to the uterus and its appendages. Among the laparotomists he mentioned were Tait, Bantock, Thornton, Keith and Schroeder. He described their different styles of operating, mentioned their hobbies, and gave some of their statistics with regard to laparotomies. The writer of the paper considered Mr. Tait the greatest living abdominal surgeon, and in the course of his paper touched on the points characteristic of Tait's method of operating. Among these points were the following: His assistants, three or four in number; his material for sutures, which has been boiled, but not otherwise disinfected; his utterly ignoring antiseptics; his anæsthetic, 1 part chloroform, 2 parts ether; his sponges and instruments, rigidly clean, but not antiseptic; the smallness of his incision; the rapidity with which he works; his great manual dexterity; the tying of the pedicle with the Staffordshire knot, cutting it short and dropping it; the flushing of the abdomen with a large quantity of hot water, to counteract shock and for cleansing purposes; the introduction of a drainage tube, and suturing of the incision, the sutures being one-half inch or further apart. The writer also mentioned Tait's method of treating incipient peritonitis by a brisk purgative, which, he asserts, cuts short the inflammation.

DR. J. H. PACKARD, of Philadelphia, is expected to be present and to read a paper at the meeting of the Ontario Medical Association in June next.

Selected Articles.

TREATMENT OF RETENTION OF THE PLACENTA AFTER ABORTION.

What is to be the conduct of a physician in cases of abortion, when the fetus has been expelled and the secundines remain in the cavity of the uterus? This question has been a theme for considerable discussion in the last years. Two complications have been observed as arising from the retention of the secundines, they are: *hemorrhage* and *septicæmia*. A certain number of accoucheurs, who look upon these complications as frequent, recommend constant intervention, when the adnexa have not followed the expulsion of the fetus in the course of several hours. The methods of procedure recommended by them are numerous and varied. Some introduce the finger into the uterus and seek to detach, break away or remove the placenta; others resort to the forceps for the better accomplishment of this purpose; others again employ the curette, either dull or sharp. Mundé, for example, uses only the dull curette, and also recommends the avoidance of a force which might injure the woman. But the curette with cutting edges also has its partisans, to scrape the walls of the uterus and to withdraw the debris of the ovum. Lately, besides curetting with the sharp or dull instrument the additional use of a tampon has been resorted to. In a certain number of cases the tampon is sufficient without a previous recourse to the curette.

It is, however, not always easy to operate within an uterus the dimensions of which are so small in the beginning of pregnancy, and whose cervical canal is hardly permeable; it may become necessary to practice dilatation, either with the finger or by means of mechanical dilators, as the sponge, laminaria or tupelo tent. To facilitate this method some physicians seize the neck with a pair of vulsellum forceps and draw it down to the vulva. In short, all means are resorted to, and these means vary according to the nature of the case, and the fancy of the physician for the purpose of removing the secundines from the uterine cavity. Is this mode of conduct really rational and necessary? It seems to us that two things must be shown to render it justifiable:

1. That retention of the placenta is really a source of frequent accidents.
2. That all digital and instrumental manipulations to which recourse are had offer no danger.

First.—Is the retention of the placenta following abortion really a source of frequent accidents? We have collected all the observations made in our service at the Charité from the month of May, 1883, to May, 1886, and in addition to this, with the permission of M. Tarnier, have included all the cases of abortion which

have been attended at the *Maternité* from July, 1883, to July, 1886. The following are the results:

Out of a total of 210 cases (57 at the *Charité* and 153 at the *Maternité*), there was 46 times retention of the placenta, giving a proportion of 22 to 100. The after period was habitually uncomplicated after complete abortion, and the morbidity was almost nil; but what were the observations in cases of retained secundines? At the *Charité* there was never any hemorrhage when the delivery was slow. At the *Maternité* only twice was their slight hemorrhage, which came on at the moment of expulsion of the placenta. Of 24 cases of retention observed at the *Maternité*, 21 presented no accidents, the puerperal state being normal. Three presented the following particulars:

One woman in whom the placenta remained in the uterine cavity showed some signs of infection, which rapidly disappeared after intrauterine injections of Van Swieten's fluid; another case, a victim of criminal abortion, who was admitted to the hospital with an elevated temperature, recovered rapidly; finally in another patient who had bronchitis and fever before her admission to the hospital, the placenta was expelled entirely in about sixteen hours. The offensive lochia disappeared completely after uterine injections, but the fever and all other symptoms which had existed at the beginning, increased, and the patient died from pneumonia fourteen days after the abortion. To recapitulate, out of 210 cases of abortion there were 46 cases of retention of the placenta. Accidents following this retention have been rare, only one woman died, and it is doubtful if her death could be attributed to septicæmia. Hence when women are placed in conditions favorable for asepsis, retention of the placenta is not so frequently a source of accidents as has been pretended.

Secondly, are all the digital and instrumental manipulations resorted to for the extraction of the secundines completely free from danger? We will only ask those interested in this question to read carefully the observations which have been made up to the present day. They will see that the finger alone is generally insufficient in detaching the placenta and removing it entire. Forceps are managed with difficulty in the interior of the uterus, and often they will leave the remains of the secundines behind them. To the use of the curette, and especially the sharp curette, has been attached the chief blame as founded upon facts. P. Mundé says that they appear powerless in detaching the remains of a placenta situated in one of the horns of the uterus. In spite of a careful scraping of the uterus portions of the placenta have been left behind in the interior of the uterus, as the observations of Skjelderup and of Doleris have shown. In a case referred to by Moses, in which the uterus

had been well scraped, washed and cauterized with perchloride of iron, he was not a little surprised to find next day expelled "a fœtus without legs, 6 to 7 centimetres in length, which in spite of the use of the sharp curette, had remained in the uterine cavity without giving rise to any other symptoms." The curette acts blindly. It is also dangerous; in cutting healthy mucous membrane it opens the gates for infection, says J. Veit; a hemorrhage persists which is often very hard to arrest, of which Moses has cited a striking example. Finally, when one is obliged to have recourse to dilatation it is not always free from danger. Schwarz of Halle has reported two cases of considerable laceration of the neck, one of which extended up to the broad ligament.

Thanks to the use of the antiseptic method, the results have not been so bad as one would believe; however it may be seen that these (so-called) preventive measures place the woman at the brink of septicæmia and possible hemorrhage, abundant loss of blood being not very rare. In one of the cases reported by Moses cauterization with the perchloride of iron was not sufficient to arrest hemorrhage, as the patient fell into collapse and he had to use the tampon. Not all patients have escaped septicæmia: Moses has noted an endometritis in four cases, and Mundé pelvic cellulitis; Fehling has observed three instances of grave pelvic abscess; Consentina and P. Mundé have observed death supervene in spite of treatment, or it was even due to the treatment itself.

Hence for our part, contrary to the opinion established by certain authors, the retention of the adnexa of the fœtus is only rarely the origin of complications, if recourse be had to antiseptics. On the other hand, of the different methods of intervention which have been counseled and put into practice, some are insufficient, others dangerous. Hence we never deem it necessary to interfere when, the fœtus having been expelled, the placenta remains in the uterine cavity. One may content himself with the observance of cleanliness and the use of antiseptic vaginal injections two or three times a day, and the secundines will be expelled spontaneously. But when complications arise, grave hemorrhages or the phenomena of septicæmia, either because no antiseptic precautions had been taken or because unsuccessful attempts at extracting the secundines have been made, which often favor the rise of these accidents, what ought then to be done? Without desiring to enter into the details necessary for each case in particular, we will resume in a few words the proper mode of conduct:

Against severe hemorrhage the tampon is the means par excellence, and the only one which is truly efficient; and when we speak of a tampon we mean one made of cotton or charpie, previously rendered aseptic by being immersed in a solu-

tion of carbolic acid, corrosive sublimate, etc. If the phenomena of septicæmia exists in the beginning, vaginal antiseptic injections should be made every two hours or every hour. They often suffice and the complications cease entirely. If at the time of the first visit the symptoms of infection are very grave, or if these accidents do not yield readily to vaginal injections, recourse should be had to intra-uterine aseptic injections, employing a solution of corrosive sublimate, 1 to 2000 or 1 to 3000, or carbolic acid, 2 or 3 to 100, etc. In making these intra-uterine injections care should be taken that no obstacle opposes the flow of the injected fluid; a ready flow can be secured by the use of the horse shoe shaped sound. In this manner the cavity of the uterus is in all probability rendered aseptic, a result rapidly attained, as evident from the cessation of the fetid character of the lochia and the fall of the temperature. General treatment should not be neglected, and we should especially insist on the administration of the sulphate of quinia. This method, practiced at the Maternité by M. Tarnier, and which we have followed at the Charité has given the results mentioned above. It seems to us difficult to improve upon them. It ought not to be implied, however, that this is expectant treatment, pure and simple to which we have recourse. The old expectant plan, good as it was, has come down to our day, improved, thanks to vaginal and intra-uterine antiseptics. This treatment has thus been benefitted by the improvements which have been gradually made upon it.

We will add that this method—expectant and antiseptic, can be followed by physicians and midwives, which is no small advantage.—*Dr. Budin in Progress Medicale.—Obstetric Gazette.*

THE CAUSE AND PURPOSE OF MENSTRUATION.

The object of this paper is to obtain an answer to the following questions: 1. Is ovulation periodic or not? 2. What connection exists between ovulation and menstruation? 3. Is there connection between menstruation and conception? The researches of Raciborsky, Pflüger, Leopold, and others, seemed to prove that there is a decided connection between ovulation and menstruation. Autopsies on many healthy woman, dying suddenly during menstruations, have revealed, in the majority of instances, the presence of a ripe or ruptured follicle on the surface of the ovary. The inference is therefore justifiable that ovulation accompanies menstruation, occurring either before, or just at the beginning, or at the end. This inference, however, is denied by many on the ground that the rupture of the Graafian follicle is known to occur also in the intermenstrual period, whence the opposite inference that there exists no causal relation between menstruation and ovulation.

The weight of evidence at the present day points to ovulation being not dependent on menstruation, and also not periodic. Such being admitted as the case, how are we to account for the periodicity of menstruation? Leopold's explanation is the following: Menstruation is a phenomenon typical of the female organism, its motor cause residing in the ovaries, its immediate source being the uterus. Its periodicity is analogous to other vital phenomena of the organism—pulse and respiration for instance, the rhythm of which we are as unable to account for as for the regularly recurring monthly uterine hemorrhage. F. considers the periodicity of menstruation to be rather analogous to the erection of the penis and ejaculation of semen in the male. The friction on coitus leads in a reflex manner to ejaculation of semen. Ejaculation is speedy after abstinence, the more frequent the act of coition the greater the amount of friction requisite before the reflex is strong enough to lead to ejaculation. Similarly with menstruation. Each ripening follicle is a cause of irritation to the ovarian nervous supply. This irritation is propagated to the sympathetic system and its vasomotor filaments. From the irritation of the vasomotors there result dilatation of the pelvic blood-vessels and hyperemia of the pelvic organs, evidenced by the sensation of congestion and fullness in the pelvis which women experience about the time of the periods. When this irritation becomes powerful enough—it being added to by the ripening of other follicles—there results menstruation, which is the external evidence of the inward congestion. (This theory is rather fanciful, and takes absolutely no account of the not rare cases where conception occurs during lactation, in the absence of menstruation and yet necessarily in the presence of ripening of Graafian follicles.) It having been proved that ovulation goes on uninterruptedly, should not conception be as likely to occur at one time as at another? Heuser has investigated carefully the subject of conception and reached the following deductions: The majority of conceptions result from the coitus occurring within a few days after menstruation. During menstruation, the chances of conception increase the nearer coitus to the end of menstruation. The number of conceptions following coitus before menstruation is small. At no time, however, during menstruation or in the intermenstrual period, is conception impossible. Since, however, ovulation goes on constantly, why, F. inquires, is conception more likely to occur at the end of menstruations and on the few days thereafter? The answer to this question is obtained from a study of the changes which occur in the mucous membrane of the uterus before and after menstruations. From the researches of Leopold and of Wyder and others, these changes may be briefly resumed as follows: Shortly before, during, and partially after men-

struation, the uterine mucous membrane is hyperæmic, the glands distended, the secretion increased, the muscular walls of the uterus softened, and the blood-vessels widened—in short the entire organ is in a condition of excessive nutrition. Coincidentally with the onset of menstruation, the epithelium of the mucous membrane becomes fattily degenerated, and, at the cessation of menstruation, this epithelium is renewed. It is evident now that the impregnated ovum can engraft itself more readily, and finds conditions suitable for its development whilst the above changes are going on in the uterine mucous membrane, than when this membrane is covered with intact epithelium. The shedding of the degenerated epithelium reaches its maximum at the end of menstruation, at a time when regeneration of epithelium is just beginning. The most favorable time, therefore, for the ovum to engraft itself is within a few days following menstruation. A further question to be answered is, how account for the cases where women have repeatedly conceived and yet never menstruated? At the outset, it has never been proved that the same changes do not occur in the mucous membrane of the uterus in such cases as where menstruation has occurred, and further, in many such women, close inquiry reveals the fact that, whilst there has never occurred menstruation in the sense of a red discharge, there has existed a more or less profuse white discharge, which takes the place of the customary red. In short, menstruation is not to be judged by the blood which appears externally, but by the changes which take place in the mucous membrane of the uterus, and these are causes of menstruation.—*Arch. f. Gyn.*

—•••— DANGER IN TOAST.

A Russian author in a recent novel makes all his principal characters devils. Satan, as chief, directs the lesser devils each to his separate task, which is to corrupt mankind, and to bring sorrow and woe where there had been happiness and rejoicing. With what success the story tells

If we can conceive of disease as some archfiend, bent upon bringing pain and suffering and helplessness and death to the whole human family, using as his emissaries broods of bacteria, each seeking and finding their own organs to attack, we have here materials for a tragedy equalling in interest Tolstoi's weird tale.

But the foes of health are not all included in the various forms of cocci. There are many other causes of disease that work with charming regularity, and all the more so because they are entirely unsuspected. One of these is toasted bread. An innocent-looking thing, and yet, like the Grecian horse before the walls of Troy, it works sad havoc when once inside.

It is with some hesitancy that I venture to say anything against toasted bread, for did not our mothers and our grandmothers and our great-grandmothers always give it in sickness, and does it not even now hold a sacred place in the heart of every housewife? Surely an idol-breaker is not to be envied, and yet I can not forbear giving a few plain facts from my own experience tending to show that there are times and circumstances under which it seems to do great harm.

Years ago, a room-mate in college was taken with typhoid fever. He passed safely through the disease and was considered convalescent, when near the fourth week his physician permitted him to eat a piece of toasted bread softened in milk. Three hours later he grew worse, had a relapse, and died in a few days.

Some time ago I was called away from my practice, at a time when I had two typhoid-fever patients in charge—one convalescent, the other in the third week. I cautioned the families not to give them toast as they grew better, but as soon as the morning temperature became normal it was given, resulting in a relapse, though not a fatal one, in each case.

Last summer several dysentery cases suffered relapses in the same way from eating toast.

One illustration will suffice; Mrs. B—, a delightful lady, was taken very severely with this trouble. Large enemata, and hydrarg. bichlor., gr. $\frac{1}{10}$, every two hours brought speedy relief.

A diet list was carefully made out and a special and emphatic warning left against toast. But with a perversity of appetite which others may be able to explain, toast was the one and only article of food which she wanted. A liberal bill of fare had no attractions for her; toast alone would satisfy her craving, and toast she ate. (Who is prepared, in the light of this incident, to say that the story of Eve and the apples is a myth?) An hour or two after indulging she was taken with violent pains (I refer to Mrs. B—, not to Eve) and all her symptoms returned in an aggravated form.

She was a very penitent and tractable patient during the rest of her illness and has permanently abandoned the use of toast in sickness. I had five other cases, where, after the pain and discharges had ceased, they were brought on again by the use of toast. I have seen it produce pain and vomiting in gastric catarrh, in fibroid induration of the stomach, or whenever there is inflammation of the mucous membrane of the gastrointestinal tract. In inflammatory diarrhoeas of children the anxious mothers are forever giving toast, and it in turn is forever giving pain and diarrhoea. It would seem as if the gritty particles of charcoal, insoluble in the juices of the stomach, are shoved up and down over the irritable mucous membrane like so much powdered glass, and finding their way into the intestine scratch the inflam-

ed Peyer's patches, or the angry mucous membrane, as the case may be, renewing and aggravating inflammatory action.

We are taught to beware of the danger that is dissolved in our drinking-water, of the germs that lurk in the air, of the mince-pies that linger in our stomachs; ought we not in inflammatory conditions of the stomach and bowels, to enforce a strict quarantine against the "pernicious activity" of toast?—E W HEDGES, M.D. in *Med. Record*.

THE TRANSFERENCE OF SOME HYSTERICAL SYMPTOMS FROM ONE PATIENT TO ANOTHER UNDER THE INFLUENCE OF A MAGNET.

One of the conclusions which was reached by the Committee of the *Société de Biologie* in 1876, on the action of metals, was that sometimes when a magnet was applied to one side of a hysterical patient, such unilateral hysterical symptoms as there were, shifted themselves to the other side of the body, and, as M. Charcot afterwards remarked, oscillated for a while from side to side. Fresh experiments made by M. Babinski, as *chef de clinique* under M. Charcot at the Salpêtrière, have been recently reported in the *Société de Psychologie physiologique* as showing that two hysterical patients may play the part of the two sides of the body, even when there is no connexion between them; i.e. they may be placed back to back even without contact, and the symptoms of the one will shift to the other without any apparent means of intercommunication. There were two groups of experiments: (1) where two similar hysterical girls were experimented upon, and (2) where one of these girls was in combination with a new patient unknown to her. In the first group the two hysterical girls (whom we will call A and B) were put back to back on two chairs. They were both hemi-anæsthetic. A magnet was laid on a table touching B's arm. In a very short time A lost all her hemi-anæsthesia and B became completely anæsthetic on both sides. The bilateral affection was soon transferred to A, and B became normal, and there were several such oscillations: when A and B were widely separated, they relapsed gradually into their original states of hemi-anæsthesia. In these subjects, hysterical paralysis could be easily produced in any limb with or without contracture. If, for example, A's left leg was paralysed thus with contracture, and she was put back to back with B and in contact with her (B having meantime the magnet touching her arm), then the paralysis and contracture of A's leg disappeared, and was shifted to B's leg on the side generally which touched the magnet, and subsequently oscillated between the two subjects. In the same way A might be made dumb if she was told she could

not speak, and this dumbness would shift from one to the other. These experiments in transference were most easily done when both the subjects were in the somnambulatory stage of hypnotism, but have sometimes been successful when both were in a normal, waking state. If A was put into the somnambulatory stage, and B left in contact with the magnet in a normal state, B soon became somnambulatory and A woke. With a view to avoid collusion, a second class of experiments was made, in which one of the co-operators was A or B and the other a man or woman with hysterical paralysis, entirely unknown to A or B, who had never before been hypnotised. The method was that A or B should be hypnotised with the magnet in contact with her arm, and then the new patient introduced, and made to sit back to back with her. Under these conditions, the new patient generally lost the paralysis, and A or B acquired it, and for a time it oscillated between them, remaining finally with the new patient. In some cases, however, after several such experiments it disappeared altogether, so that this method might be called in some cases curative, and this suggestion M. Babinski proposes to follow out. He is anxious to emphasize the distinction between his cases and those in which the body has been said to serve as a conductor for the influence of the magnet. MM. Proust and Ballet have published such cases, in which two hemi-anæsthetic girls have been made to hold each other's hands; the magnet was applied to one of them, and after an hour both recovered complete sensation. M. Babinski considers that by his method of conducting the experiments, fraud and suggestion were both excluded, and points to the fact that the results were just as successful on the first trial as after practice. When a hysterical paralysis was produced in A, with a view to testing whether it would be transferred, B was always kept out of the way, so that she could not see or hear anything that had been done to A, and A was covered with a sheet to prevent her from being seen when B was introduced into the room. If the experiment was between A or B and a new patient, care was taken that A and B should be completely ignorant of the condition of the new patient. The magnet was always applied to the arm wherever the paralysis or contracture to be transferred might be.—*Progres Medical*.

CHALK OINTMENT AS AN APPLICATION IN ERYSIPELAS.

My former preceptor, Professor Hughes Bennett of Edinburgh, used to say that, whenever a long list of remedies was recommended as of value in the treatment of any disease, one might feel sure that very little was really known either about the nature of the disease or the means of expediting

recovery from it. I think he specifically mentioned erysipelas as an instance in point. Certainly, both the local and the internal remedies which have been vaunted as beneficial in this disease are sufficiently numerous. I feel, therefore, some hesitation in recommending one which may or may not be novel, but inasmuch as it is certainly harmless, if not actively beneficial, and has stood the test of some experience, I venture to direct attention to it. The local application I now allude to is an ointment composed of prepared or precipitated chalk and benzoated or purified lard.

It appears to be quite immaterial whether the *creta præparata*, or the *calci carbonas præcipitata* of the Pharmacopœia be employed. Although the latter is a crystalline powder, and the former amorphous, both, when pure, are for all practical (i.e. clinical) purposes impalpable. To secure suitable consistency, and to ensure full benefit, it is necessary to incorporate a large amount of chalk in the ointment. It is noteworthy that lard will blend with an extraordinary quantity of chalk, either by beating in a mortar, or by adding it gradually to the lard previously melted. It is possible to make a very dense ointment by blending two and a half ounces of chalk with one ounce of lard. This is too firm to apply to a painful erysipelatous part, and in cold weather it almost crumbles. Experiments have been made for me both by Messrs. Dinneford and in the Hospital Apothecary's department with prepared and with precipitated chalk, and the best results as to quantities have been attained by mixing *equal proportions* of each, the lard being previously melted. Half a drachm of pure carbolic acid may be added to each ounce of the ointment. That prepared with *creta præparata* is of the color of putty. The other is pure white. Both are equally serviceable.

As I have already stated, I am unaware if this local application has been previously employed. I can find no recommendation of it in any work on *Materia Medica* known to me. I have used chalk ointment occasionally for many years, but not of the strength proposed in this paper. The earliest recommendation of a thick chalk ointment I can find is that of Mr. J. C. Spender, of Bath, who introduced it as an undoubtedly valuable preparation for intractable ulcers of the leg. In his book entitled *Observations on the Causes and Treatment of Ulcerous Diseases of the Leg*, published in London in 1835, he remarks that the best outward application is an ointment containing a very large quantity of prepared chalk. "The earthy matter," he states, "must be in a greater proportion than enters into any ointment in the Pharmacopœia, consisting of about three pounds of chalk to two pounds of lard." He advises that the lard be first melted and the chalk gradually added in order to secure more intimate blending than can be attained by simple admixture or trituration.

In a re-issue of this book by his son, Dr. J. Kent Spender, of Bath, in 1868, the same process is again recommended. The ointment is to be applied with the finger and smeared thickly over the erysipelatous part. A mask of plain lint or of boracic lint should be laid over this and properly secured.

Patients express themselves as feeling relieved by this, and prefer it to other applications which may have previously been used. An ointment of this kind and consistency presents several advantages over the old method of dusting flour over the affected part, especially on the face, since, to be effectual, the dredger has to be constantly in use. The flour also gets within the eyelids, causing sometimes great irritation of the conjunctivæ. I venture to commend, with some confidence, the local application of chalk ointment in erysipelas as being at once cleanly, unirritating, readily procurable and trustworthy, and at the same time cooling and soothing. In severe cases, it may be necessary to re-apply the ointment twice or oftener every twenty-four hours. I think I may add that this preparation is now the favourite one in the erysipelas wards of St. Bartholomew's Hospital.—Sir Dyce Duckworth in *The Practitioner*.

THE TREATMENT OF CHRONIC METRITIS AND ENDOMETRITIS BY INTRA-UTERINE ELECTROLYSIS.

At the association Française pour l'Avancement des Sciences, Dr. Apostoli read a paper, of which the following is an abstract: In the treatment of chronic metritis, and more especially in chronic endometritis, intrauterine electrolysis has been used for the past four years with most satisfactory results, Dr. Apostoli employing it in preference to all other means of intrauterine treatment. The immediate chemical action of the electricity is to produce a gradual destruction of the mucous membrane, this being soon followed by a process of retrograde metamorphosis, which favors the absorption of exudation, hyperplasia, or new growths.

The apparatus necessary to make an intrauterine electrolytic application is as follows, it being necessary that the operator should understand its use and action: A. A medical galvanometer graduated to two hundred milliamperes, to measure the quantity of electricity used. B. A galvanic battery with large cells, so as to last a long time without being refilled. Thirty cells should never give less than two hundred milliamperes. The best cabinet cell is the Leclanche. A good portable battery does not exist, though the bisulphate of mercury from will answer for the purpose. C. An intrauterine electrode with insulated handle. D. Apostoli's clay electrode, which, when applied over the abdomen, produces neither pain nor heat,

even with an intense current. E. Flexible and strong connecting cords.

The rules for the electrolytic application are: 1st. Have the patient in the recumbent posture, and give an antiseptic vaginal douche. 2d. Adjust the connecting cords between battery and electrodes, and apply the clay electrode over the abdomen, telling the patient beforehand how cold it will feel. 3d. Carefully introduce the warmed and oiled intrauterine electrode. 4th. The uterine poles should be positive in all hemorrhagic uterine diseases, and negative in others. 5th. Start the battery. We should never take a patient by surprise or make a too painful application. Some uteri are very irritable, and can stand only a feeble current at first. Begin with a mild current, and increase the strength as the patient becomes accustomed to it. Generally after the third application, the strength of the current can be raised to two hundred milliamperes, the strength being regulated by the tolerance of the patient, the duration, gravity, and extent of the disease. 6th. The duration of the sitting should be from five to ten minutes, according to the intensity of the effect desired and the reaction of the parts. 7th. The application may be repeated every second day or once a week, according to the necessities of the case. 8th. A rest in bed of a few hours must be observed after each sitting to prevent an inflammatory reaction, and to aid the effects produced. 9th. Vaginal injections of carbolic acid or mercury bichloride solution should be used morning and evening.

This simple and inoffensive treatment is a galvanico-chemical destruction of the mucous membrane of the uterine canal, either by the acid or basic pole, as the case may require. The destroyed mucous membrane may be replaced by a new and healthy one, or may serve as a surface for exudation so long as may be required. Apostoli has shown the beneficial effects of this treatment in a large number of cases, improvement being shown after the first few applications, and cure soon following. The patients are only obliged to keep in bed for a few hours after each sitting. Compared with curetting, this treatment is more lasting, easier, and less apt to be followed by inflammation.—*Am. Jour. of Obstet.*

EXTRAORDINARY CARDIAC EXCITEMENT BEFORE A FIRST MENSTRUATION.

Dr. Draper reported the following case before the Obstetrical Society of Boston: The patient was an overgrown, nervous, well-developed girl, aged thirteen years and two months. Two years ago she was under medical treatment for chorea. During the past three years she had not attended

school. Recently, her health had been satisfactory, and it was the intention that she should presently resume school discipline. Her mind was undeveloped and her tastes were childish; she liked the plays and companionship of little girls much younger than herself. She had never menstruated.

In the night of July 1st, she was restless and uneasy, sleeping but little. Her mother attributed the unrest to a somewhat later and heartier supper than she was accustomed to and recalled also that the girl exercised rather more vigorously than usual after supper. Dr. Draper saw the patient at 3.30 A.M., July 2nd. She was tossing, restless, anxious, and irritable. She complained of pain in her left side and of the "thumping" of her heart. There was an occasional short, dry cough—the familiar cough of cardiac palpitation. The hand over the heart detected a rapid but regular and not violent action of that organ. The stethoscope discovered no abnormal sounds; the rapid action was the only abnormality. There was no irregularity or intermission, then or later. The heartbeats, at this visit and subsequently, were counted as follows:

July 2d, 3.30 A.M.	212	July 4th, 9.30 A.M.	234
" 2d, 7.30 P.M.	232	" 4th, 5.15 P.M.	230
" 3d, 10 A.M.	228	" 5th, A.M.	98
" 3d, 5.30 P.M.	236	" 6th, A.M.	80

The highest temperature which the thermometer recorded meanwhile was 100.5°, in the afternoon of July 2d. The culmination of the case was reached July 5th, in the afternoon of which day menstruation began in a perfectly normal manner, without pain or other disorder. The pulse quickly regained its normal rate and kept it thenceforward. In August and September there was no recurrence either of the catamenia or of cardiac disturbance.

During the three days, July 2d, 3d, and 4th, various measures directed to the control of the heart were wholly negative in their effect. Rest in bed, low diet, counter-irritants, emetics, cardiac sedatives and stimulants (aconite, veratrum, digitalis), proved unavailing; but with the premonitory indications of the menstrual function the heart resumed its natural action.—*Boston Med. & Surg. Jour.*

MEDICAL NOTES.

Prof. Parvin states that *pruritus vulvæ* may be sometimes due to wild hairs.

Prof. Bartholow thinks *ptyalism* can be averted by giving atropine combined with the mercurial.

A most valuable remedy for *functional impotence*, especially when accompanying hypochondriasis, is the chloride of gold and sodium.

Atropine can be better managed, the results more readily reached and controlled, than can be accomplished by any of the preparations of *bella donna*.

Prof. Da Costa, in a case of *polyuria*, gave fluid extract of ergot in ʒss doses three times daily. The cause was traced to grief occurring some time previously.

Equal parts of the fluid extracts of digitalis, ergot and ipecac, just enough ipecac to cause nausea, is, according to Prof. Bartholow, a good combination for *pulmonary hemorrhage*.

It may not be generally known that a poultice of digitalis leaves, to cover the whole abdomen, will act both on the heart and kidney in *scarlet fever* of other conditions, when its administration by the stomach is contra-indicated.

A *uterine fibroma* is being treated at the Jefferson Hospital by galvanism. The positive pole is applied to the sacrum, the negative pole to the tumor through the vagina. The strength of the current used is 15 milliamperes, as determined by a galvanometer.

As a lotion for *tinea circinata*, Prof. Da Costa advised the following:—

R Sodii sulphitis, ʒ iij
Glycerini, fʒ ss
Aque, fʒ iijss. M.

Sig.—Apply to part.

Paralysis of the arm, due to pressure on the nerves by lying with arm under the head, was treated at the Hospital by a blister along the course of the musculo-spiral nerve, the local use of a mild faradic current, and the internal administration of iodide of potassium.

A good test for *atropine or belladonna poisoning* is, that the urine of the patient when subcutaneously injected into a cat will cause dilatation of the pupil. Therefore, in order to prevent reabsorption in belladonna poisoning, it is always well to keep the bladder emptied.

For *chronic catarrh*:—

R Potas. acetatis, ʒ j
Tinct. ferri chlor., fʒ j
Acid. acetic. dil., fʒ ss
Elixir simplicis, fʒ j
Aque q.s. ad fʒ vi. M.

Sig.—Teaspoonful four times a day (Da Costa).

The centesimal solution of nitro-glycerine is of late being much prescribed in *chronic Bright's disease*, that form known as chronic parenchymatous nephritis, and with excellent results. The initial dose is usually gtt. j *ter in die*, and the patient is instructed to increase the dose gradually until the physiological effects are produced.

Prof. Da Costa states that the method of *intubation*, as devised by Dr. Dwyer, of New York, is one of the greatest advances in medical science. He speaks in its favor very warmly, because while

perfectly harmless in itself, it does not prevent an after-tracheotomy, if such should be necessary.

A case of extremely *fetid bronchitis*, which before treatment was expectorating one and one-half pints in twenty-four hours, was in a month's time cured, so that only half an ounce was expectorated in the same length of time; the agent used was oil of sandal wood, and was prescribed by Prof. Da Costa, in gtt. v. doses, to be taken three times daily; afterward increased to five times.

Prof. Parvin gave the following directions as to treating an *acute vaginitis* of cause unknown. Patient should be put to bed in order to insure rest, and twice in the twenty-four hours she should take a warm bath, with a Fergusson's speculum in the vagina to allow free access of the water to the parts. Give a saline cathartic, and for the first three days use soothing vaginal injection of ulmus or flaxseed. After this time can then use a 1% solution of corrosive sublimate or a 2% or 3% solution of carbolic acid, warm. If the cause has been specific, nothing is better. After a week, we can then begin astringent injections of sulphate of copper, gr. ii-iv, tannin, gr. iii, or borax, or alum, gr. iv-v to the ounce. An objection to tannin is its staining. If good results do not follow the injections, resort to tampons saturated with glycerine and tannin, or paint the parts with solution of nitrate of silver, often swabbing them out thoroughly.

THE PROGNOSIS IN VALVULAR AFFECTIONS OF THE HEART.

Probably in nothing else is the young practitioner so much at sea as in the matter of prognosis, or so frequently the subject of derision at the hands of the laity. The importance of prognosis as an element of medical knowledge is often overlooked by authors and teachers, yet scarcely a day passes that a physician is not met with questions as to prognosis that demand for their solution a deep knowledge of the probable course, the effects, and the duration of some disease, and this is particularly true of diseases of the heart. A lad is brought to us, for example, with a damaged heart, and our advice is asked as to what course of life he ought to pursue. Shall we entail upon him a life-long course of idleness and incapacity? Another desires to marry. Shall we dissuade him from taking this step? A third is leading an active business life. Shall he be advised to retire and perhaps live in obscurity and comparative poverty the rest of his days—which may be longer than we predict? In view of the importance of such questions, the profession can but feel grateful to Sir Andrew Clark for presenting, at the last meeting of the British Medical Association, the results of his vast observation, as is to be found published in

the association's "Journal." What makes his remarks of particular value to the general practitioner is the fact that they treat of cases observed in private practice for a long term of years. More than this, they throw a ray of hope and encouragement into the darkness of despair brought about by the teaching of Laennec and the subsequent pathological school. The very title under which they are grouped is comforting—"Cases of Valvular Disease of the Heart known to have existed for over Five Years without Causing Symptoms." He has tabulated *in extenso*, with great care and precision, all the cases of which he has notes, occurring between 1873 and 1886—684 cases in all. Apart from the cardiac symptoms, the persons applied for advice on account of the most varied manifestations. In selecting his cases, the author excluded all instances of mere "murmurishness," all of murmurs that were inconstant and intermittent, all of murmurs occurring within the pulmonary and tricuspid areas, and all of murmurs, of whatever kind, in patients who, independently of cardiac examinations, had subjective or objective symptoms of heart disease. Attention is drawn to some "afternoon" cases, as the author styles them (eleven in number, not included in the tables), which very graphically illustrate the long duration of cardiac disease without characteristic symptoms. We can refer only to two of them.

In one instance, in 1842, the house-governor of one of the largest hospitals in London was rejected by a life insurance company on account of a damaged heart, and was told that he might not live longer than six months. In consequence of this he was superannuated, on full pay, by the hospital committee. In 1854 this person consulted the author for indigestion, and at that time a loud, rasping systolic murmur was heard, not only in the mitral area, but all over the left side of the chest. Beyond the symptoms of indigestion, due to the patient's indiscretions, the murmur was the only evidence of cardiac disease. Without being particularly careful, he continued to live, work, and enjoy life until 1874, when, at an advanced age, he died of an acute bronchitis.

In another case, that of a lad sixteen years old, there was enlargement of the heart, a loud systolic bruit was heard in the mitral area, there were direct and regurgitant aortic murmurs, the impulse of the heart was diffuse and heavy, the cervical veins were rather full, and the pulse was somewhat jerking and collapsing. The boy said he suffered nothing, but felt quite well. The family had been told that he was the subject of grave heart disease, and the consultation had been sought for merely to ascertain by what means his life could be prolonged as much as possible. They were advised to follow out their intention of giving the lad a university education, which they did. This was fifteen years ago, and now the subject of the consultation

is the incumbent of one of the largest parishes in England, and continues to pursue an active, useful, and comfortable life.

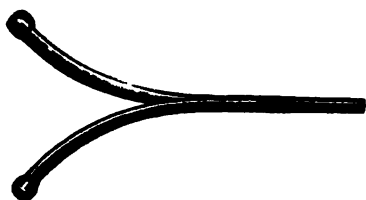
Sir Andrew Clark expresses himself to the effect that organic murmurs of the heart, although firmly established and lasting for some years, may eventually disappear, and cites several cases illustrating the fact. What are the conditions which justify a favorable prognosis in a given case of valvular heart lesion? According to the author, they are the following: (a) good general health; (b) proper habits of living; (c) no essential liability to rheumatic or catarrhal affections; (d) an origin of the valvular lesion independent of degeneration; (e) an existence of the valvular lesion for over three years without change; (f) sound ventricles of moderate frequency and general regularity of action; (g) sound arteries, with a normal amount of blood and tension in the smaller vessels; (h) a free course of the blood through the cervical veins; (i) freedom from pulmonary, hepatic, or renal congestion. To these must be added obedience to properly adjusted rules of health, which, however, need not interfere with the performance of the usual duties of life.

The author sums up as follows: 1. There are many persons with long standing disease of the heart engaged in the active business of life, who, without any symptom of heart disorder, have enjoyed good health and have reached an advanced age. 2. The mitral regurgitant murmurs so often encountered in cholera disappear for the most part within eight or nine years of the attack. 3. Valvular inflammations and their effects, arising in the course of rheumatic fever, do sometimes disappear and leave behind no clinical evidence of their former existence; this occurs, for the most part, in the young, but also sometimes in the middle aged. 4. The signs of valvular defects arising out of degenerative changes of middle life do also, on rare occasions, disappear, and when circulatory and respiratory disturbances accompany their beginning they sometimes subside and admit of apparently complete readjustment. 5. As there must be, in the histories, habits, occupation, and surroundings of patients with valvular disease, conditions which in one case bring about secondary disorders, and in another exempt from them, these differences should be searched for and made capable of application in practice. 6. Any systematic and critical study of the subject, likely to lead to practical issues, could be undertaken only by the Collective Investigation Committee, and not by it unless actively assisted by experienced general practitioners who possess in a special manner the knowledge necessary to the end in view. 7. A joint inquiry of the kind proposed, conducted with due patience, discrimination, and accuracy, would greatly extend our knowledge of the natural history of diseases of the heart, and largely increase

our means of assisting those who suffer from them.—*N. Y. Med. Jour.*

A NEW CATHETER ATTACHMENT.

This simple contrivance may be attached to a catheter, in washing out the bladder and other cavities. The attachment is shaped as the cut here represents. The extremity is to be inserted into a soft rubber catheter, or any other kind when required; one of the branches is connected with a Davidson or similar syringe by a short piece of rubber tube or directly to a fountain syringe; and the other to a rubber tube from one to three feet in length, as may be required; the latter is the



effluent or waste tube, to draw off the injection. The tube can be compressed by a clamp, wire spring, or, which is far better, the thumb and finger, while the injection is running into the bladder or other cavity. Empty the bladder by releasing the compression on one tube, and stopping the flow through the other; this operation may be repeated as often as may be desired. A fountain syringe or graduate bottle is the best to use, as the quantity of injection can be carefully regulated and pressure controlled. The attachment is nickel-plated, made by Codman and Shurtleff, Boston, and costs 75 cents.

"IDIOTS SAVANTS."—This name has been applied to children who, while feeble-minded, exhibit special faculties which are capable of being cultivated to a very great extent. One youth was under my care who could build exquisite model ships from drawings, and carve with a great deal of skill, who yet could not understand a sentence, who had to have his food dissected for him, and who when writing to his mother, copied *verbatim* a letter from *The Life of Captain Hedley Vicars*, by Miss Marsh, although it had not the slightest appropriateness in word or sentiment. Another has been under my care who can draw in crayons with marvellous skill and feeling, in whom, nevertheless, there was a comparative blank in all the higher faculties of mind. Extraordinary memory is often met with, associated with very great defect of reasoning power. A boy came under my observation who, having once read a book, could evermore remember it. He would recite all the answers in *Magnall's Questions* with-

out an error, giving in detail the numbers in the astronomical division with the greatest accuracy. I discovered, however, that it was simply a process of verbal adhesion. I once gave him Gibbon's *Rise and Fall of the Roman Empire* to read. This he did; and, on reading the third page, he skipped a line, found out his mistake, and retraced his steps. Ever after, when reciting from memory the stately periods of Gibbon, he would, on coming to the third page, skip the line and go back and correct the error with as much regularity as if it had been part of the regular text. Later on, his memory for recent reading became less tenacious, but his recollection of his earlier readings never failed him. Another boy can tell the tune, words, and number of nearly every hymn in *Hymns Ancient and Modern*. Often memory takes the form of remembering dates and past events. Several children under my observation have had this faculty in an extraordinary degree. One boy never fails to be able to tell the name and address of every confectioner's shop that he has visited in London—and they have been numerous—and can as readily tell the date of every visit. Another can tell the time of arrival of all the children at an institution, and could supply accurate records in relation to it if needed. Another knows the home-address of every resident who comes under his observation, and they are by no means few. The faculty of number is usually slightly developed with feeble-minded children, whilst memory is fairly well developed; and yet I have had under my observation cases where the power of mental arithmetic existed to an astonishing extent. One boy, about twelve years of age, could multiply any three figures by three figures with perfect accuracy and as quickly as I could write the six figures on paper; and yet, so low mentally was he that, although having been for two and a half years in the almost daily habit of seeing me and talking to me, he could not tell my name. Another boy, who has recently been under my observation, can multiply two figures by two figures; while another can multiply rapidly two figures by two, and a short time since could multiply three figures by three figures, but since an epileptiform attack has lost this faculty to some extent. None of them can explain how they do it; I mean by what mental process. It has appeared to me, however, when by rare chances they have made a mistake, and some hesitation has arisen, the plan has been to clear of the multiplication of the higher figures first. Improvisation is an occasional faculty. I had a boy under my care who could take up a book, pretending to read—an art he had not acquired—and improvise stories of all kinds with a great deal of skill, and in any variety, to suit the supposed tastes of his auditors. Memory of tune is a very common faculty among the feeble-minded; they readily acquire simple airs and

rarely forget them. I have had one boy under my observation who, if he went to an opera, would carry away a recollection of all the airs, and would hum or sing them correctly. In none of the cases of "idiots savants" have I been able to trace any history of a like faculty in the parents or in the brothers and sisters, nor have I had any opportunity of making a necropsy, except in one instance. This was in the case of a boy who had a very unusual faculty, of which I have never since met another example, namely, the perfect appreciation of past or passing time. He was 17 years of age, and although not understanding, so far as I could gather, the use of a clock-face, could tell the time to a minute at any part of the day, and in any situation. I tried him on numberless occasions, and he always answered with an amount of precision truly remarkable. Gradually his response became less ready . . . his health became enfeebled, and the faculty departed. At a necropsy I found that there was no difference in his cerebrum from an ordinary brain, except that he had two well-marked and distinct soft commissures . . . All these cases of "idiots savants" were males; I have never met with a female.—Dr. J. Langdon Down, in *Br. Med. Jour.*

MANAGEMENT OF SIMPLE CONSTIPATION.—1. On first walking in the morning, and also on going to bed at night, sip slowly from a quarter to half a pint of water, cold or hot. 2. On rising, take a cold or tepid sponge bath, followed by a brisk general towelling. 3. Clothe warmly and loosely; see that there is no constriction about the waist. 4. Take three simple but liberal meals daily; and if desired, and it does not disagree, take also a slice of bread and butter and a cup of tea in the afternoon. When the tea is used it should not be hot or strong, or infused over five minutes. Avoid pickles, spices, curries, salted or otherwise preserved provisions, pies, pastry, cheese, jams, dried fruits, nuts, all coarse, hard, and indigestible foods taken with a view of moving the bowels, strong tea, and much hot liquid of any kind with meals. 5. Walk at least half an hour twice daily. 6. Avoid sitting and working long in such a position as will compress or constrict the bowels. 7. Solicit the action of the bowels every day after breakfast, and be patient in soliciting. If you fail in procuring relief one day, wait until the following day, when you will renew the solicitation at the appointed time. And if you fail the second day, you may, continuing the daily solicitation, wait until the fourth day, when assistance should be taken. The simplest and best will be a small enema of equal parts of olive oil and water. The action of this injection will be greatly helped by talking it with the hips raised, and by previously anointing the anus and the lower part of the rectum with vaseline or with oil. 8. If by the

use of all these means you fail in establishing the habit of daily or of alternate daily action of the bowels, it may be necessary to take artificial help. And your object in doing this is not to produce a very copious dejection, or to provoke several smaller actions; your object is to coax or persuade the bowels to act after the manner of nature by the production of a moderate more or less solid formed discharge. Before having recourse to drugs, you may try, on waking in the morning massage of the abdomen practised from right to left along the course of the colon; and you may take at the two greater meals of the day a dessert-spoonful or more of the best Lucca oil. It is rather a pleasant addition to potatoes or to green vegetables.

9. If the use of drugs is unavoidable, try the aloin pill. Take one half an hour before the last meal of the day, or just so much of one as will suffice to move the bowels in a natural way the next day after breakfast. If it should produce a very copious motion, or several small motions, the pill is not acting right; only a fourth, or even less, should be taken for a dose. When the right dose is found it may be taken daily, or on alternate days until the habit of daily defecation is established. Then the dose of the pill should be slowly diminished, and eventually artificial help should be withdrawn. The aloin pill is thus composed; R.—Aloinæ, $\frac{1}{2}$ gr.; extr. nucis vom., $\frac{1}{2}$ gr.; ferri sulph., $\frac{1}{2}$ gr.; pulv. myrrhæ, $\frac{1}{2}$ gr.; saponis, $\frac{1}{2}$ gr.; fiat pil. i. If the feces are dry and hard, and if there is no special weakness of the heart, half a grain of ipecacuan may be added to each pill. Should the action of the pill be preceded by griping and the character of the action be unequal, half a grain of fresh extract of belladonna will probably remove these disadvantages. If the aloin pill gripes, provokes the discharge of much mucus, or otherwise disagrees, substitute the fluid extract of cascara sagrada, and take from five to twenty drops in an ounce of water either on retiring to bed or before dinner. And when neither aloin nor cascara agrees, you may succeed by taking before the mid-day meal two or three grains each of dried carbonate of soda and powdered rhubarb.

The exact agent employed for the relief of constipation is of much less importance than its mode of operation. If, whatever the agent may be, it succeed in producing after the manner of nature one moderate formed stool, it may be, if necessary, continued indefinitely without fear of injurious effects. But, treated upon physiological consideration, I have the belief that in the great majority of cases simple constipation may be successfully overcome without recourse to aperients.—Sir Andrew Clark in *Lancet*.

THE SURGICAL TREATMENT OF HYDATIDS OF THE

LIVER.—The last meeting of the London Medical and Chirurgical Society was entirely occupied in discussing the treatment of hydatids of the liver. Mr. Barwell opened the discussion by reading a paper on the subject, in which he proposed a modification of the treatment of incision. He recommended that puncture, with a small trocar, should always be primarily employed, but where this failed he advocated the making of a free opening, to be kept open some time. In the paper read last Tuesday he advocated the employment of "a two-stage method." The abdominal walls were to be first incised, and the cyst or its surroundings stitched to them. After a few days' delay the cyst was then to be opened. Mr. Warrington Haward thought the method dangerous, as fluid might escape when stitches were inserted into the parent cyst. He preferred the use of caustic potash to form a fistula leading down to the cyst, and then free incision of the latter. Mr. Howard Marsh said he had successfully employed Mr. Barwell's method on a large cyst. Mr. Harrison Cripps narrated a case in which he had made an exploratory incision, and, finding a suppurating hydatid, had enucleated it along with its capsule. A large cavity was left in the liver, and into this a second tumor was seen bulging, and was removed. Sir Dyce Duckworth thought he had seen good results from all these surgical methods. Mr. Walsham observed that even tapping had its dangers. Cases of sudden death had occurred in which it had been suggested that a vein might have been punctured and the hydatid fluid introduced into the circulation. He had not himself had any occasion to perform any preliminary operation of stitching the cyst or its surroundings to the abdominal walls. After securing the cyst in a safe place by forceps, he emptied it at once. He then syringed it out with carbolized water, and after filling it with iodoform, inserted a drainage tube. Dr. Angel Money mentioned a case in which, during the operation of puncture, a daughter-cyst entered a vein and lodged in the right auricle, causing sudden death. Mr. Pearce Gould said he supposed no one would attempt such an operation as Mr. Barwell advocated while simpler methods, such as puncture, were available. If a further operation than puncture were required, he advocated free incision, and related two cases in detail. He would, he said, first tap with an aspirator, then pull out the half-collapsed cyst, stitch it to the abdominal walls, and evacuate the contents. Mr. Henry Morris said that, as to stitching to cyst to the abdominal walls before opening it, he saw no objection to Mr. Barwell's plan, but little in its favor. He considered it important not to interfere with the parent cyst in any way, to take out as many daughter-cysts as possible, and refrain from antiseptic injections. He had seen delirium produced by iodoform. Mr. Barwell, in his reply, also condemned iodoform as

dangerous. Potassa fusa treatment he considered tedious and painful. He remarked that the discussion had shown him that other surgeons had used the plan he advised, but he had not previously been aware of this.—*Med. Record.*

A CASE OF TETANUS SUCCESSFULLY TREATED WITH CHLORAL HYDRATE.—I think the following notes on a case of idiopathic tetanus treated with chloral hydrate throughout the greater part of its duration may prove interesting, as indicating the almost specific effect of the drug and the large doses tolerated in this often intractable complaint.

A healthy country lad, aged thirteen, employed in out-door work, was taken ill with symptoms of tetanus about a week before my attendance was requested on Nov. 16th. When I saw him he was lying on his back in rigid opisthotonos; dorsal region and thorax prominently arched, and stretched towards the right side; head drawn back; eyelids partly closed; lips retracted, exhibiting marked risus sardonicus; muscles of the neck and trunk hard and board-like; lower extremities extended; breathing hurried and shallow. The boy had been unable to sleep. The jaws were firmly clenched to within about a quarter of an inch. I ordered belladonna liniment to the spine, powdered jalap with calomel, and a sudorific mixture three times a day. As he resided at some distance from my house, two days elapsed before I saw him again, when his condition had undergone no change. The bowels had freely acted. Linseed-meal poultices sprinkled with turpentine were applied to the dorsal region, and ten grains of chloral hydrate, with twenty grains of bromide of potassium, were given every four hours. Nov. 21st: Has had two hours' sleep, the first he has had since the beginning of his illness. Decubitus natural; opisthotonos much relieved, but not disappeared. Countenance natural; lips no longer retracted, but the jaws are clenched as before. To continue treatment, and apply a mustard-and-linseed poultice to the nape of the neck. 22nd: Slight improvement. 24th: The chloral to be increased to twenty grains and the bromide of potassium to thirty, and taken every four hours. 27th: Can open his mouth more freely, and speak distinctly, but the rigidity persists in the abdominal and thoracic muscles; the neck is easier. To apply linseed poultice with turpentine to the neck as before. To continue the treatment. Dec. 2nd: Lies placidly in bed; answers questions distinctly; sleeps for two or three hours, but never more than three; bowels act regularly; takes semi-solid food. To continue the treatment. 6th: Is going on fairly well, but some rigidity continues, especially in the trunk; can move the feet freely. The chloral treatment was now suspended for four days, and henbane with fetid spirit of ammonia substituted, but no improvement followed. 10th: Ordered fifteen grains

of chloral hydrate, twenty minims of tincture of lobelia, and twenty minims of compound tincture of cinchona, thrice daily. 13th : Belladonna plaster applied to the whole dorsal region. To continue the treatment. 17th : Has obtained further relief, the rigidity becoming less. To continue the mixture. Is wearing the plaster, which he feels to be beneficial. 22nd : Is altogether better. To continue the mixture and repeat the belladonna plaster. 24th : Is very comfortable, and almost convalescent. 29th : Was able to enjoy his Christmas dinner downstairs with the rest of his family. Appears to be fairly well. To discontinue the treatment.

Remarks.—This was a case of idiopathic tetanus brought on by exposure to wet and cold. It presented the symptoms of trismus very markedly, and there was absence of sleep for a long time. It appears to me that chloral alone or combined with bromide of potassium controlled the severity of the disease, and if it did not actually cure the malady it afforded time for nature to exert its recuperative power.—Dr. Hawkes, in *Lancet*.

TREATMENT OF CHOREA.—In a recent number of the *Medical and Surgical Reporter*, Dr Hiram Corson emphatically calls attention to the value of *cimicifuga racemosa* in chorea of childhood. He affirms, as the result of fifty years of experience, that it is always successful in a brief time if a teaspoonful of a good fluid extract be given four times a day. This use of *cimicifuga racemosa* is a very old one, which was insisted upon by the late Dr. George B. Wood, and which, as pupils of that great master, we have long employed.

Some hundreds of cases of chorea have come under our care in the public service at the Philadelphia Hospital, and especially at the University Hospital. In the earlier years the fluid extract of *cimicifuga racemosa* was always relied upon and administered as soon as the patients presented themselves. Experience has emphatically taught us, however, that it is distinctly inferior to arsenic ; so that at present every patient coming to the Dispensary with St. Vitus' dance is put upon the arsenical treatment. In the few cases in which this fails, the next routine administration is of the fluid extract of *cimicifuga*. We can only explain the superiority which *cimicifuga* has asserted over arsenic in the hands of Dr. Corson by the supposition that the doctor has never used arsenic with sufficient freedom.

The arsenical preparation must be given in ascending doses until it produces evidences of its physiological action, and to order this requires a little boldness on the part of the physician. If, however, the patient be well watched and the remedy be withdrawn as soon as puffiness appears

in the face, no harm can be done. *Cimicifuga* is not an inert substance, as seems to be thought by some practitioners. Probably much of the *cimicifuga* that is administered has lost its activity, which appears to depend upon a volatile principle. But we have seen a teaspoonful of the good fluid extract, even in an adult, produce headache, with excessive giddiness and great prostration.

We may add that when, some years ago, the bromide of iron was highly recommended by Dr. Da Costa in the treatment of chorea, we made an extensive and thorough trial of it, and found its therapeutical action as near negative as we can well imagine. In a number of cases it simply did no good at all.—*Therapeuti. Gazette*.

A RAPID METHOD IN THE TREATMENT OF FRACTURES.—Dr. von Donhoff, of Louisville, thus describes a rapid method of treating fractures :

"1. Strips of sole leather or gutta percha (tin will answer also) of suitable breadth and length being at hand, these are immersed in hot water and adjusted, by means of a roller, to the site of the fracture, previously reduced and properly swathed in cotton wool ; the latter should be secured in position by a few turns about it with sewing thread. [Anæsthesia is a *sine qua non* to the proper manifestation and reduction of fractures.] "2. If no suggestive incident intervene, such as shortening, angularity, or great uneasiness and pain, the *first* dressing, in cases of fracture of the shaft of long bones, should not be removed until the tenth day, but should never be permitted to remain longer than the sixth day in similar injuries of joints. "3. On the fourteenth to the twentieth day, barring cases in which untoward diathetic or local influences have been demonstrated to exist, it will be found that the fragments are fixed, and that the dressing may be dispensed with altogether, except in fractures involving joints ; in these the splints, properly stitched together, should be readjusted on going to bed, in order that the unconscious and possibly violent movements of the patient may not prove disastrous. "4. Gentle, passive motion of fractured joints should be begun at least as early as the sixth day after the first dressing, and practiced every second day thereafter until the fourteenth, increasing the degree of motion as may be suggested by the judgment of the surgeon. After this date, the dressing being left off, the matter of moving the limb may be relegated to the inclination of the patient, unless he be too timid, when he may safely be encouraged to handle light objects and practice normal motions of the limb. "5. The average duration of treatment need not exceed twenty-eight days, under ordinary circumstances. "The above rules of practice have proven equally reliable in the treatment of compound fractures produced in osteotomies done for the correction of deformities near the ends

or in the continuity of long bones. "6. The posture of the limb should be that best adapted to muscular equipoise—straight, or in an obtuse angle."—*Am. Med. Digest.*

TREATMENT OF ABDOMINAL WOUNDS.—The treatment of abdominal wounds has been under discussion by the Paris surgeons lately, and, as usual they are divided into two camps, one party holding, with Professor Trélat, that laparotomy ought to be done at once, and the other, with M. Verneuil, that the expectant treatment is proper. M. Trélat says that it is a precept in America that in all doubtful cases the belly must be opened to ascertain the condition of the intestines. M. Réclus lately expounded the idea of the expectant treatment, and it is that of many good surgeons. Setting aside wounds made with large projectiles in time of war, and referring only to the every-day cases of pistol-shot and stab wounds, "What happens," he says, "when an intestine is cut by a ball or a knife? Why, there is an effusion of lymph, and, if they can be kept quiet, the divided parts will certainly join and heal." Therefore with Taillaux, Déprés, and others, he proposes the following plan of treatment: "When the patient is first seen, don't attempt to probe the wound, but wash it with a solution of corrosive sublimate (1 to 1000), and close it with a little collodion; then put the patient's body in as complete a state of immobility as possible by position in bed, give opium enough to stop all peristaltic action, apply an ice-bag to the abdomen, and allow no food but iced milk, not more than a tablespoonful at a time." Of course if peritonitis comes on, or even if there is a discharge of fecal matter from the wound, laparotomy is indicated; but it is astonishing how a pistol-ball may remain in almost any part of the body during the life of the individual without doing the slightest harm. The lesson is, Don't probe!—*Paris Letter, N. Y. Med. Journal.*

WHAT TO DO IN PUERPERAL ECLAMPSIA.—Dr. Clarkson, in the *Virginia Med. Month.*, sums up his views on the treatment of eclampsia as follows: Encourage the attendants. Enforce quiet. Restraining your patient sufficiently to keep her from bodily injury. Place a cork between her teeth. Remembering that the whole surface of the body is in a condition of hyperæsthesia, make as few vaginal examinations as possible. Use the catheter only if there is distension of the bladder. At no time yield to the common suggestion to apply blisters to the nucha, or cataplasms to the calves. Evacuate the bowels by stimulating enemata. If there has been constipation, purge by calomel or croton oil. Apply cold to the head, and remove hair if necessary. Mustard baths to the feet. Do not dash cold water into the face. It may be done in hysteria; in syncope it is undoubtedly beneficial

but in eclampsia, Barnes says, "he has seen it provoke a fit, and knows it to be decidedly injurious." Give enemata of chloral and a bromide. Bleed only in decided plethora to relieve cerebral hyperæmia. Etherize, but not completely, except during a paroxysm. Keep your hands off your patient, save when necessary to perform some service, and then, if possible, do what is to be done under the cover of anæsthesia. The spasm over, prepare to empty the uterus. Puncture the membranes and leave the rest to nature. If nature refuses to respond, slowly dilate the os. Do not forget that the fingers in cone shape are the best dilators, and chloral their best assistant. Dilatation effected, deliver with the forceps for the head, or, in breech cases, by the feet. The uterus emptied, all unfavorable symptoms will vanish; if not, continue the chloral, the bromides, etc., as needed.—*Med. Rec.*

HORSFORD'S ACID PHOSPHATE IN SKIN ERUPTIONS AND SYPHILIS.—Speaking of the value of Horsford's acid phosphate, Mr. James Startin, late surgeon, St. John's Hospital for Skin Diseases, London (*Med. Press, Lond.*), says:

"It appears to me that the 'Acid Phosphate' originally prescribed by Prof. Horsford, of Cambridge, U.S.A., is not so well known in this country as its merits deserve. A glance at the formula will, however, readily convince one of its value in suitable cases. Each fluid drachm gives on analysis $5\frac{1}{2}$ grains of free phosphoric acid, and nearly 4 grains of phosphate of lime, magnesia, iron and potash. The following are a few brief notes of some of the cases in which I have prescribed it with complete success.

Mr. G., æt. 69, consulted me in November, 1885, for eczema on the arms, legs, palms of the hands, and trunk. The patient complained of much debility and nervous exhaustion, and he was a man who had led a very busy business life, with much worry. In December, 1885, I prescribed Horsford's acid tonic with much good effect, as in February, 1886, I heard that he was quite well.

Mrs. S., æt. 46, consulted me in December, 1885, for psoriasis, all over the body, more or less, especially on the legs and arms. In January, 1886, I prescribed a teaspoonful of the acid tonic three times a day with marked good effect. Patient had been much exhausted by continuous nursing of an invalid mother.

Mr. C., æt. 64, consulted me in September, 1885, with one of the worst attacks of late syphilis I ever saw. After he had been relieved from the distressing symptoms, and ulcerations, I prescribed the acid tonic for epileptiform fits from which he suffered, with excellent results.

Mr. McJ., æt. 63, consulted me in November, 1885, for lichen ruber, which was accompanied with intolerable itching. He was a nervous, irrit-

able man. I prescribed the acid tonic, with the effect that, in December, he presented himself quite convalescent.

TEMPORARY PARALYSIS OF THE RADIAL NERVE IN THE INITIAL STAGE OF LOCOMOTOR ATAXIA.—Prof. A. Strumpell (*Berl. klin. Woch.*) reports an interesting case of this nature. Briefly the history of the case is as follows: B., æt. 55, a waiter, was suddenly seized with paralysis of the left hand. On a Sunday afternoon he was reading a newspaper which he held in his left hand; all of a sudden the paper dropped from his hand and he then learned that he had lost power in it. He had never experienced any pains or abnormal sensations. On examination, it was found that all the muscles supplied by the radial nerve were paralyzed, the sensibility of the forearm and hand was intact, and the electrical excitability of the paralyzed muscles, with both currents, was quite normal. The author found some difficulty in accounting for the paralysis; the most plausible theory was that it was due to alcohol, but its sudden appearance and the absence of pains and other signs of alcoholism strongly opposes that theory. On further examination, however, it was found that the patient had the Argyll-Robertson pupil, the sensibility of the feet and legs was somewhat diminished, and there was absence of the knee-jerk on both sides. On repeated questioning, the patient confessed to having had for some time past "tearing pains" in the legs and a weakness of the bladder. A history of syphilis could not be obtained. Under four weeks' treatment with electricity the paralysis disappeared, without any change, however, in the other tabetic symptoms. [The case is of considerable interest, as bearing upon the recent pathological researches of Pitres and Vaillard on the condition of the peripheral nerves in tabes. In our last report on General Medicine, we gave an abstract of their work in this direction, and we would advise our readers to compare it with the clinical history of Strumpell's case.]—*N. Y. Med. Journal*.

WHAT PROFESSOR HUXLEY THINKS OF MATERIALISM.—Before launching the three torpedoes which have so sadly exploded on board his own ship, Mr. Lilly says that with whatever "rhetorical ornaments I may gild my teaching," it is "materialism." Let me observe, in passing, that rhetorical ornament is not in my way, and that gilding refined gold would, to my mind, be less objectionable than varnishing the fair face of truth with that pestilent cosmetic, rhetoric. If I believed that I had any claim to the title of "materialist," as that term is understood in the language of philosophy and not in that of abuse, I should not attempt to hide it by any sort of gilding. I have not found reason to care much for hard names in the course

of the last thirty years, and I am too old to develop a new sensitiveness. But, to repeat what I have more than once taken pains to say in the most unadorned of plain language, I repudiate, as a philosophical error, the doctrine of materialism as I understand it, just as I repudiate the doctrine of spiritualism as Mr. Lilly presents it, and my reason for thus doing is, in both cases, the same; namely, that, whatever their differences, materialists and spiritualists agree in making very positive assertions about matters of which I am certain I know nothing, and about which I believe they are, in truth, just as ignorant. And further, that, even when their assertions are confined to topics which lie within the range of my faculties, they often appear to me to be in the wrong. And there is yet another reason for objecting to be identified with either of these sects; and that is that each is extremely fond of attributing to the other, by way of reproach, conclusions which are the property of neither, though they infallibly flow from the logical development of the first principles of both. Surely a prudent man is not to be reproached because he keeps clear of the squabbles of these philosophical Bianchi and Neri, by refusing to have anything to do with either!—*Popular Science Monthly*.

THE CONTAGIUM OF DIPHTHERIA.—From a number of incidents and cases cited by Dr. Lancry, in a recent thesis on the subject, one fact becomes very evident, and that is, that the spontaneous diffusive power, or what might properly be called the infectiousness of the toxic principle is very feeble. Dumez reports that in a certain communal school under his medical care there were two groups of children studying and playing in the same hall, but separated by an open area a few yards wide, on one side of which were seated the girls and on the other the boys. One of the girls took diphtheria and the disease was communicated to eight of her companions, though not a case occurred among the boys, right across the open aisle. In another school there were nineteen children, seven of whom were in a building in immediate contact with one infected with diphtheria. The balance of the children, twelve in number, were located a few metres away. All of the first group contracted the disease, while all of the second escaped. This fact simplifies the prophylaxis of the disease very materially, and points to the value of rigorous quarantine—a hint emphasized, by the way, by another incident drawn from M. Lancry's thesis, viz.: In one of the hospitals of Paris, the ward for children suffering from porrigo had a playground that adjoined the enclosure in which was the building for the isolation of diphtheritics. While cases of diphtheria became quite frequent among the children who used the playground, scarcely a case occurred in the balance of

the institution. An element of danger disclosed by the researches of Dr. Lancry is the great vitality of the diphtheritic germ. Examples are quoted, on the authority of M. Revillo, of Geneva, where one or more years had elapsed between attacks of diphtheria in the same family, and which were attributed by Revillo to a hereditary tendency to diphtheria; but which Lancry, in the light of his investigations, very properly thinks should rather be attributed to the vitality of the infection of diphtheria.—*St. Louis Med. and Surg. Jour.*

TREATMENT OF ACUTE RHEUMATISM.—Prof. Dal Costa states that there are laid down two principal plans of treatment of acute rheumatism:

1. Salicylic acid and the salicylates. These are unquestionably the most speedy remedies, but should not be employed in those cases in which much weakness exists, for it greatly increases the sweats and depression, or in those cases where tendency to cardiac complication is manifested. In these latter it has been stated to be worse than useless.

If the acid be used, which is preferable to its salts, give not less than sixty to ninety grains in twenty-four hours. Ten grains may be given in emulsion for six hours, if borne well, and then the same doses may be given at intervals of two hours.

If the salicylates are used, give three drachms in twenty-four hours. If this plan acts at all, it will do so promptly; and if good results are not achieved by the second or third day, it had better be abandoned.

2. The alkaline plan. This consists in rapid saturation with the alkalies. It lessens the complications, but no good can be achieved by small doses. An ounce to an ounce and a half of either the bicarbonate or acetate of potassium must be given the first twenty-four hours, half as much the following day, and three or four drachms each day thereafter.

Employ until the urine becomes neutral or alkaline, and then diminish the dose as above named.—*Col. and Clin. Rec.*

THE HEAT CENTRE.—At the recent session of the Helvetic Society of Natural Sciences, at Geneva, Professor Girard gave an interesting account of some late experiments of his in Schiff's laboratory to ascertain the location of the heat centre. These experiments, which were made on hares, have led him to conclude that the cerebral centre of thermogenesis is the corpus striatum. Every lesion affecting this body in its median part produces a pronounced hyperthermia, which does not result from spasm of the vaso-constrictor nerves of the skin, but from an augmentation of caloric production. Electric excitation of this region, which is followed

by a marked augmentation of heat, justifies the assertion that the hyperthermia is a phenomenon of excitation and not of paralysis. Moreover, after puncture and irritation of this region of the cerebrum, there was a considerable increase in the quantity of nitrogen excreted in the urine, indicating an increase of the organic combustions; this was accompanied by notable emaciation of the animal. Girard considers the thermogenetic centres as including not only this median portion of the striate body on both sides, but all the subjacent parts to the base of the brain. There is here, according to him, an apparatus whose excitation increases the production of animal heat, and which probably concurs under physiological conditions to regulate heat productions. In answer to the question, "Is the artificial hyperthermia thus obtained identical with fever?" he answers, "No." Augmented heat production and diminished heat emission, such, in his view, are the two necessary factors of that pathological calefaction which constitutes fever. But the last of these factors was wanting in his experiment.—*Boston Med. and Surg. Jour.*

SKIN-ABSORPTION.—Dr. Peter F. Fedoroff has made fifteen experiments on three men and three women, to settle the question as to whether the intact human skin can absorb solid medicaments from solutions applied by means of an atomiser. To guard against any possibility of inhalation of the drug, the patient, in each case, was stripped to a certain part of the thigh, placed on an easy chair, and his or her legs passed through a hole in a door, so that the patient was in one room and the legs in another; all holes and cracks in the door were then hermetically sealed. Before operation the legs were washed with warm soap and water, and after operation they were carefully washed and dried (not rubbed) with a hygroscopic towel. A steam atomiser was used and kept at such a distance as gave the greatest strength of jet. A quart of solution was pulverized on each occasion, the time employed being 50 minutes to 2 hours. In ten cases a 3 to 15% solution of pot. iod. was used; in the remaining 5, a 6 to 12% solution of hydro-chlorate of lithium. After each experiment the writer collected the urine voided during the next 24 hours, and in no case was a trace of iodine or lithium ever found.—*N. Y. Med. Abstract.*

SIMPLE TEST FOR WALL-PAPER.—A simple and easily-applied test for wall-papers has been devised by Mr. F. F. Grensted. No apparatus is needed beyond an ordinary gas-jet, which is turned down to quite a pin-point, until the flame is wholly blue; when this has been done, a strip of the paper suspected to contain arsenic is cut one-sixteenth of an inch wide, and an inch or two long. Directly the

edge of this paper is brought into contact with the outer edge of the gas flame a grey coloration, due to arsenic, will be seen in the flame (test No. 1.) The paper is burned a little, and the fumes that are given off will be found to have a strong, garlic like odor, due to the vapor of arsenic acid (test No. 2). Take the paper away from the flame and look at the charred end—the carbon will be colored a bronze-red, this is a copper reduced by the carbon (test No. 3); being now away from the flame in a fine state of division, the copper is slightly oxydized by the air, and on placing the charred end a second time, not too far into the flame, the flame will now be colored green by copper (test No. 4). By this simple means it is possible to form an opinion, without apparatus and without leaving the room, as to whether any wall-paper contains arsenic, for copper arseniate is commonly used in preparing wall-papers. Tests 1 and 2 would be yielded by any paper containing arsenic in considerable quantities.—*Brit. Med. Jour.*

TANNIN IN PHTHISIS.—French physicians have been experimenting upon rabbits, in order to discover some substance which would render them insusceptible to inoculations of tuberculous matter. They found tannin to act in the manner desired. Six rabbits were treated for a month with doses of tannin varying from fifty centigrams to one gram. Two inoculations were then made, one with lung tissue from a patient who had died of acute tuberculosis, the other with miliary tubercle from a hospital patient. No trace of infection followed, while three other rabbits, to which tannin had not been given, died in consequence of inoculations with the same material. Upon this suggestion, over fifty cases of phthisis have been treated by giving tannin in doses of from two to four grams daily; and improvement was perceptible in two weeks, the patients increasing in weight. The final judgment upon this plan of affording resistance to the action of tubercular virus, is anxiously awaited.—*Pop. Science News.*

EFFECTS OF PROLONGED LACTATION UPON THE OVARIES AND UTERUS.—Japp. Sinclair presents the following conclusions, based upon the study of a large number of cases of prolonged lactation:

1. Lactation tends to prevent conception by retarding the return of the ovaries to a condition in which ovulation is perfect.
2. After weaning, the evolution of the ovaries is much more rapid than during lactation.
3. The abrupt cessation of a prolonged lactation may be followed by an evolution of the ovaries and uterus so rapid as to induce symptoms of ovarian and uterine hyperæmia.
4. Prolonged lactation may produce a superinvolution of ovaries and uterus, and under favoring

circumstances a prolapse of the latter organ.—*Revue Medicale.*

THE FILIFORM BOUGIE.—A correspondent of the *Atlantic Medical and Surgical Journal*, writing from New York, says: "The most simple application of common sense is in the little instrument known as Banks' filiform bougie. We all can recall times when we have worried for days, trying to dilate an old, inveterate stricture, when we have taxed our ingenuity and the patient's patience, trying all the means of our command, and making but little satisfactory progress. I well recall one case in which it took me three days to get down three ordinary filiform bougies, putting in one and leaving it fifteen or twenty hours, and then passing another down beside it, and so on till I could get in a small steel sound, and thus I was three weeks accomplishing what I could now accomplish, with Banks' filiform, in thirty minutes. Banks' filiform and cocaine now are masters of the situation in most strictures. The only surprising thing about these filiform is that we didn't think of the same thing a hundred years ago."—*Med. Rec.*

TREATMENT OF DIPHTHERIA.—Dr. F. B. Drescher informs us that he has made use of the following treatment in diphtheria with marked success:

R—Hydrargyri bichloridi, . . . gr. $\frac{1}{2}$
Spts. frumenti, 5 j.
Syr. simplicis, 3 j.—M.

SIG.—Teaspoonful every 3 hours, night and day.

R—Liq. ferri subsulphatis, . . . 3 ij.
Glycerine, 3 ij.—M.

SIG.—Brush throat once or twice a day.

R—Tr. ferri chloridi, 3 ij.
Potassii chloratis, 3 j.
Glycerini, 3 iss.
Aquæ cinnamomi, q s. ad. 3 iij.—M.

SIG.—Teaspoonful in teaspoonful of water every 3 hours, night and day.

—*Am. Med. Digest.*

LOCAL REMEDY FOR NEURALGIA.—A mixture of one part of iodoform, to ten or fifteen of collodion, if spread repeatedly upon a neuralgic surface until it attains a thickness of one to two millimetres, is said to be quite effective in the treatment of certain neuralgias. If the first application does not speedily terminate the neuralgia, those who have used this mode of treatment direct that its application should be continued. It seems especially valuable in the relief of neuralgias of the trigeminus. It also seems of value to be applied along the spine, particularly at painful points in what is called spinal irritation. These observations are by no means new, and yet they seem worthy of further consideration.—*Neurological Review.*

CONSANGUINITY AND MENTAL UNSOUNDNESS.—From the physician's point of view, the evidence from the animal world is important. Here there is almost consensus, that, while the effect of "in-and-in breeding" is to intensify *points*, in the long run it is opposed to vigor of constitution. It is to be remembered that every breeder takes care to exclude any animals with any known morbid tendency, while, on the contrary, in the genus *Homo*, as Dr. Clouston remarks, there seems to be "a special tendency for members of *neurotic* families to intermarry." The result of this will be that in some portions of the population the offspring of such marriage will show the evil results of it to an unusual extent. And thus we find, that in rural and especially in mountainous districts, where the population is small and fixed, the comparative amount of idiocy is greater than elsewhere. Statistical information is inadequate on the subject; the motion to include it in the census returns of England was rejected "amidst the scornful laughter of the House, on the ground that the idle curiosity of speculative philosophers was not to be gratified." In France the returns had given rise to various estimates (varying from $\frac{1}{14}$ to $\frac{1}{2}$ or 3 per cent.) of the frequency of consanguineous marriages. Mr. G. H. Darwin came to the conclusion that in London $\frac{1}{2}$ per cent. of all marriages were between first-cousins, in urban districts $\frac{1}{2}$ per cent., and in rural districts $\frac{1}{2}$ per cent.

If, now, we ascertain the ratio of idiots and insane patients that are the offspring of such marriages to the total number of patients in the asylums, we will have some means of estimating the results of consanguinity. From quite an extended series of records, it is concluded that the ratio just referred to in the idiot-asylum is from 3 to 5 per cent.: hence "first-cousin marriages, at any rate, are to some extent favorable to the production of idiot children." But this conclusion must be tempered by the consideration that in a large amount of such cases of idiocy and imbecility other causes for this condition are present; and this consideration leads Dr. A. Mitchell to the opinion that "under favorable conditions of life the apparent ill effects of consanguineous marriages were frequently almost *nil*, while, if the children were ill fed, badly housed and clothed, the evil might become more marked." From such facts and figures we may conclude that first-cousin marriages should, as a rule, be discouraged; but that, if a close scrutiny reveals no heritable weakness, neurotic or otherwise, the bans need not invariably be forbidden.—*Science*.

BRAIN INJURY IN FORCEPS DELIVERY.—At a recent meeting of the Edinburgh Medico-Chirurgical Society, Byron Bramwell showed a boy suffering with left hemiplegia, which he attributed to an injury received at birth. The delivery of

the patient's mother was tedious, and had been finally effected with the forceps. Since infancy the child had been subject to epileptiform seizures, but at the time of observation there was no mark of injury of the cranium. The surgical aspect of the case involved the question of operative interference, suggested by the fact that the patient could localize a painful point over the motor area of the left arm. The judgment of the Society was adverse to it, and we do not see how it could have been different.

This case, however, is not cited so much on account of its surgical aspects as on account of its bearing upon the question of the effect upon an infant of the compression of the head by the forceps. That decided compression of the child's head often takes place in forceps delivery, in spite of the greatest care on the part of the accoucheur, and notwithstanding the use of the most suitable form of forceps, cannot be doubted, and it would be interesting to have some collection of the proportion of cases in which subsequent manifestations of brain disturbance could be reasonably attributed to the accidents of such delivery.

One of the ablest neurologists of this city entertains the opinion that very many cases of impaired brain function are due to compression at the time of birth; and his opinion seems reasonable enough. The case related by Bramwell is one in point, and others might be cited. Although it is not perfectly clear, it may be, however, that those who think that the remote dangers to the child in forceps delivery are much greater than is generally supposed, may speak more from a general impression than from a careful study of the subject. Still, their views are so plausible *a priori*, that it is desirable that enough evidence be collected to settle the question definitely for the benefit of the many accoucheurs who apply the forceps frequently.—*Medical News*.

MEDIAEVAL NASTINESS.—We have received a volume which claims to be the *American Homeopathic Pharmacopœia*. It does not appear to be published by the authority of any convention or body of men, and we suppose it to be a private effort to meet a commercial demand. We have been very much amused by noticing in it a survival of mediæval remedies comparable to the survival of the strange gar fish of the Chesapeake which remains as almost the sole representative of the monstrous misshapen ganoid fishes which have been swept out of existence by the successful cataclysms of geologic ages. Thus, in this Homeopathic Pharmacopœia uric acid is directed to be prepared from human urine by concentration, or from excrements of serpents; guano is obtained from the accumulated excrement of sea birds; lava from the overflow of Mount Hecla in Iceland. Hippomanes is a glutinous mucous substance sep-

arated from the allantoic fluid or membrane of the pregnant mare, or cow. Lyssin is the dried saliva of the mad dog. Mephitis is the desiccated stinking fluid of the skunk. Psorium is obtained by squeezing the pus from the festering itch eruption of the negro—whilst the dried bodies of the little red lice which render sad the bright summer days of the domestic fly, appear under the more than regal title of *Trombidium muscæ domesticæ*. Dried fox liver and dried fox lungs, centipedes, wasps, and other things uncanny and unclean seethe and bubble in this witch's cauldron that streams in these later days, not in the darkness of night, but in the full light of a great medical centre.—*Med. News*.

THE MICROCOCCUS OF TUMORS.—The belief that some forms of tumors are caused by micro-organisms has long seemed very plausible, and diligent efforts have been made to discover these. So far, however, among tumors, only the fungus growth known as actinomycosis, a growth presenting some of the clinical appearances of a malignant tumor, has been discovered to be caused by a parasite.

Dr. Luigi Manfredi, while working in the Laboratory of Cantani, at Naples, discovered quite recently a minute organism which possessed extraordinarily specific and virulent properties. It was obtained from the sputum in two cases of pneumonia, each being a sequel of measles, and running a rapid and highly malignant course. The pneumococcus of Friedlander was observed in each case also. The new organism is oval in form, often appears as a diplococcus, and is about 0.5 mm. in diameter. It has a characteristic method of growth, which is described by Manfredi in his original article (*Fortschritt der Med.*, No. 22, 1886).

A large number of inoculation experiments with pure cultures were made upon dogs, rabbits, guinea-pigs, mice, and birds. With the exception of the last named, which seem to die from blood-poisoning, Manfredi found that the micrococcus uniformly caused one and the same pathological condition. This consisted of the deposit of gray, or grayish-yellow, nodules in the parenchyma of organs, especially of the spleen and lymph gland. The lungs showed in addition the characteristic marks of a more or less intense pneumonia. The nodular masses belong to the type of the granulomata, or infectious granulation tumors. They consist of masses of newly formed cells without blood-vessels, and they begin gradually to become cheesy, to soften in the centre.

The infective granulomata include tubercle, lupus, syphilis, glanders and farcy, leprosy, and actinomycosis. The parasite described by Manfredi produces pathological changes somewhat similar to those of the diseases of the class mentioned.—*Med. Record*.

AN ANATOMIST TO HIS LADY LOVE.

I list as thy heart and ascending aorta
Their volumes of valvular harmony pour ;
And my soul from that muscular music has caught a
New life 'mid its anatomical lore.

O, rare is the sound when thy ventricles throb
In a systolic symphony measured and slow ;
While the auricles answer with rythmical sob,
As they murmur a melody wondrously low !

O, thy cornea, love, has the radiant light
Of the sparkle that laughs in the icicle's' sheen !
And thy crystaline lens, like a diamond bright,
Through the quivering frame of thine iris is seen !

And the retina, spreading its lustre of pearl,
Like the far away nebula, distantly gleams
From the vault of black cellular mirrors that hurl
From their hexagon angles the silvery beams.

Ah, the flash of those orbs is enslaving me still,
As they roll 'neath the palpebræ, dimly translucent,
Obeying, in silence, the magical will
Of the oculo motor—pathetic—abducent.

O, sweet is the voice, as it sighingly swells
From the daintily-quivering chordæ vocales ;
Or rings in clear tones through the echoing cells
Of the antrum, the ethmoid, and sinus frontales.

—*Med. Advocate*.

PAINLESS SUTURE.—To avoid the pits and creases caused by sutures in wounds of the face, cut two pieces of adhesive plaster somewhat longer than the wound and an inch and a half wide. They should be shaped so that one edge of each will follow the course of the lesion, but if the wound be irregular it is better to use more pieces. Turn the inner edge (or that intended to be next the wound) of each of these strips under, so as to form a non-adhesive border a quarter of an inch wide, and leave an adhesive surface of from three-quarters of an inch to one inch in width. Apply these to the uninjured skin on each side of the wound, and make them adhere firmly by holding them to this with a hot, dry towel. The stitches may now be taken from side to side, thrusting the needle through the double edge of the plaster instead of through the skin, and after the fashion of shoe-lacing, uninterrupted.—F. L. T., *St. Louis Med. and Surg. Jour.*

DANGER OF WATER GAS.—The experience of the people of Troy in the use of water-fuel gas, shows that, unless this gas is made odorous, so that its presence in the air can be ascertained by the sense of smell, its manufacture and delivery in a city may largely increase the death-rate. Water gas having no odor, and being very deadly, may be as fatal to a man who is awake as illuminating gas is to a man who is sleeping in a close room. This gas is an excellent fuel, and it is cheap. In Troy it was made for nine cents a thousand and sold for fifty cents.

THE CANADA LANCET.

**A Monthly Journal of Medical and Surgical Science
Criticism and News.**

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet, Toronto."

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*The LANCET has the largest circulation of any
Medical Journal in Canada.*

MEDICAL SCHOOL AMALGAMATION.

An effort has recently been made, by a few individuals connected with one of the medical schools in this city and certain members of the Senate of Toronto University, to organize a medical school in more immediate relation to the Toronto University, by the amalgamation of the two affiliated schools now in existence in this city. A report emanating from the Senate of the Toronto University at its last meeting, recommended the advisability of establishing a school in connection with the University, and a committee was appointed to confer with the authorities of the two medical schools with the view of giving effect to the recommendation.

The question of the amalgamation of the two medical schools in this city is not a new one. It has been discussed again and again for several years past, but has not yet found favor among those immediately interested, for various reasons. Each school has been content to work along in its own way, feeling that nothing was to be gained, under existing circumstances, by amalgamation. Being supported entirely by the fees from students, the one having the greater number had certainly nothing to gain financially by joining the other. The greater number of professors in one school as compared with the other; the rivalry as to the deanship of the united schools; the want of accommodation in the present lecture rooms for the united classes, and last but not least, the great

certainty of the immediate establishment of another school—had a deterring influence in the consideration of the question of amalgamation. There is no power to stop the multiplication of schools. The days of monopoly are forever past and gone. Even the proposed scheme, no matter upon what basis it is placed, will not, and cannot prevent the establishment of other schools.

There is much to be said in favor of the present system of competitive schools: such as the stimulus of healthy rivalry, the value of keen competition, the desire to be first in point of efficiency and thorough training, the praiseworthy effort to turn out the best men, etc., and the success of the schools in the past under this system is a sufficient answer to those who are desirous of a change. It must be remembered, also, that in medicine at least, the multiplication of schools does not and cannot lead to the lowering of the standard of medical education, because the Ontario Medical Council lays down the standard and the schools must keep up to it, or fall off altogether. Besides, all candidates in medicine who desire to practise in Ontario, must pass the examining board of the Ontario Medical Council, no matter what their attainments may be, so that the public is fully protected, and if on examination the standard is found to be too low, it can easily be raised from time to time, in accordance with the advancing progress of medicine.

If, however, it is considered desirable, in the interests of the profession and the public, to have one medical school in the city of Toronto, then let us have one on a grand and comprehensive scale, one that will give great promise for the future, and one that will forever place the professors in a position of independence—both as to the number of students in the classes, and the necessity of engaging so largely in private practice. We are in favor of amalgamation, if thereby we can obtain such results. But it must not be forgotten that the establishment of such a school requires money—a considerable sum—to carry it to a successful issue, and unless this is secured, it is needless to expect any great change in the present system of medical education. The present schools are not willing to unite and carry on a large establishment without any assistance other than the fees to be derived from the students. They could not do so without loss to their present incomes, and would

be under the necessity of engaging more extensively in private practice, than many of them do now. Hence, so far from being a success, such a union would be a comparative failure. In fact, the schools are not foolish enough to make the experiment. The senior professors have labored for years to acquire their present position and emoluments, and they will not readily relinquish anything of their hard-earned advantages, unless sufficient guarantees are forthcoming not only to secure them in the undisturbed possession of their respective chairs, but also adequate remuneration for their services, and provision for the payment of retiring allowances when they become incapacitated by age or infirmity.

In the carrying out of any great scheme, the fundamental consideration must always be the financial one, and here it is not less important than in any other. If a great medical school has become a necessity, it must be endowed, or supported by the Government—public funds must be forthcoming to sustain it. Hitherto medical education has been left to take care of itself, and no one can say that either the public or the profession has suffered greatly. In fact, it is said on the contrary, that the public is too well supplied, that there are too many doctors. It is not claimed, be it remembered, nor can it be truthfully asserted, that the doctors are not properly qualified. Their great success, both at home and abroad, gives the most complete refutation of any such assertion. If the promoters of the scheme are sincere, let them at once seek to raise the necessary funds for its accomplishment. It is utterly useless, nay, childish, to formulate a scheme which may be satisfactory to their own minds, and call upon the medical faculties of the two schools to come forward and voluntarily sacrifice the earnings of a life-long labor to carry it into effect.

NORMAL POSITION OF THE UTERUS.

For many years a great deal of attention has been devoted to the rectification and treatment of the various alleged mal-positions of the womb. While much knowledge has been acquired, better treatment secured, and many of the then thought incurable uterine troubles of an earlier period, made amenable to successful treatment in our day, yet we fear there is a strong tendency to over-estimate

the pathological effects on the system, of the so-called uterine displacements. Some danger exists, that other causes of uterine pelvic, or other diseases may be overlooked, by the prevailing tendency to convict the uterus on insufficient evidence, to which it might often justly plead "not guilty." The temptation to ascribe many of the ills to which female flesh is heir, to dislocation of the womb is powerful. It lets the careless or ignorant Dr. out of many difficulties; it obviates the necessity for further thought or investigation, and is usually, for a time at least, quite satisfactory to the patient and her friends. But is this creditable to the Dr. or the profession, or just to those who seek relief at our hands?

That such a tendency prevails at least among the less painstaking and conscientious, cannot be questioned, and that many of those, who deem their whole duty done, when they, from a very brief examination, confidently pronounce the disease to be caused by ante-version, ante-flexion, retro-flexion or version, procidentia, etc., etc., might possibly find some difficulty in describing or defining the normal position of the uterus in any particular individual.

As healthy women, and especially virgins, are seldom examined during life at least, most physicians must acquire such knowledge as they possess from description, and from examinations made upon women suffering from pelvic troubles, or when the uterus is greatly modified in shape and position by pregnancy. The few healthy women, whom we may have had the privilege of examining, must almost necessarily have been mothers, therefore we can only be somewhat familiar with the normal position of the uterus in parous women.

The position naturally occupied by the uterus in the majority of cases is in, or nearly in the long axis of the pelvis, and so high that no part of the surface of the body can be reached either anteriorly or posteriorly by the finger in the vagina. In shape it is usually either straight or slightly concave anteriorly. When the uterus is so far inclined forward that the anterior surface of the body can be explored by the finger, it is called ante-flexion or ante-version, and when the posterior surface can be examined in a similar manner it is retro-flexion or version. But a more correct definition of the shape and position of the womb would be any position which is found consistent with health. Each

of these deviations has been found in healthy women, who were free from any discomfort therefrom, and each has been described by some writers as the normal one. We must not forget that much variation obtains, consistent with health, in various individuals, and also in the same individual at different times, not only in anterior, posterior and lateral positions as well as in elevation and depression, but also in shape and size. In virgins the uterus may be straight or bent forward to a degree that an acute angle is formed, and even so far that the body and cervix become nearly parallel. Yet any of these shapes may be normal, that is, consistent with health, and painless functional activity. The effect of pregnancy and child-bearing is to straighten out these flexions. Bandl says: "In living women the phenomenon of ante-flexion or ante-version, is one so common, that one might say without gross error, that all women in whom the uterus is not in a condition of retro version or retro-flexion, present ante-version or ante-flexion more or less pronounced." Again, the uterus in various women may be firm or soft, dense or yielding, and possess different degrees of flexibility, and freedom of movement, without indicating disease in any way. It is not therefore more than probable that many women are suffering from the disagreeable inconvenience, discomfort and even distress of wearing one of the many mechanical contrivances for rectifying the alleged malposition of the uterus, for worse than no purpose, because of the prevailing fashion, while the real cause of their trouble is left to nature, or possibly aggravated by the very means used to remove the erroneously supposed cause.

We willingly admit that a properly selected and adjusted pessary, in some instances, does afford support to some forms of dislocation and relieve the distress therefrom. But we apprehend that a large majority of pelvic troubles for which mechanical appliances are employed are not caused by displacement, and therefore cannot be remedied by such means, and may be aggravated by their employment, especially by inexperienced and unskilful hands.

THE LEGITIMATE BUSINESS OF DRUGGISTS.

The doctor who, either from choice or necessity, dispenses his own medicines has the pleasing assurance that he knows what his patients are taking,

and if the remedies do not act as he expects they will, he can blame no one but himself. But in our cities and larger towns, most medical men now depend upon some druggist or druggists to supply the medicines which are prescribed. True, even in large cities and towns, some doctors have private dispensaries and apparently make them pay, but the great majority simply write prescriptions and consequently chemists flourish. Now if said chemists kept strictly to the prescriptions, this system would possess many advantages, too obvious to need mentioning, and neither patient nor physician would suffer, as undoubtedly both sometimes do now. It seems a sweeping assertion to make, but we believe it to be true, that substitution of drugs obtains largely in many chemist shops. An article went the rounds of the medical journals a short time ago, in which was copied the advertisement of a firm of chemists who had the audacity to state openly that they would see that all remedies put up were so combined that they should be most certain to act in the most beneficial way for the patient, thus bare-facedly ignoring the physician's instructions as to what remedies his patient should have. This is an extreme case, and most dispensers would undoubtedly keep the matter of substitution a secret, but it shows to what length men's audacity will carry them. Not content with counter prescribing they even presume to tamper with the treatment laid down by the physician who is alone responsible for the result. In a late editorial in the *St. Louis Medical and Surgical Journal* it is asserted that this practise has done much to force practitioners into prescribing proprietary medicines of known value and purity. We believe this is true, but the editor goes on to say that even these proprietary medicines are tampered with by various manufacturing houses, and that the "substituting druggist laughs at the wrappers and unique designs, at signatures and brands," with the result that the original manufacturer gets the blame for allowing his preparations to deteriorate, and suffers the loss which is certain to attend such deterioration. Comment on such fraud, whether it be in putting in low priced drugs for expensive ones, or of manufacturing unworthy compounds to take the place of those of known value, is surely unnecessary. We make these remarks to call the attention of the profession to the necessity of watching closely any such

attempts at fraud on the part dispensing chemists. The honest dispenser also should take every opportunity of exposing the tricks of those known to practise this deceit, and they will gain the confidence of physicians to whom they are known, as well as confer a material benefit on the public at large. The practice of counter prescribing is one also which calls for concerted action on the part of the profession, for it has grown to gigantic proportions. The number of cases of gonorrhoea, for instance, which are treated by regular practitioners must be small, compared with the number treated by druggists, and so with many minor complaints such as coughs, scabies, ringworm, etc. We owe it to ourselves to bring such druggists to a due sense of their legitimate function, by sending our patients to shops where such practices are not allowed.

BRANCHES OF THE BRITISH MEDICAL ASSOCIATION.

We are glad to notice that a branch of the British Medical Association is about to be formed at Halifax. The profession in Canada has been slow to avail itself of the advantages offered by such organization. Australia has three branches, Jamaica one, Madras one, British Guiana one, while there is an immediate prospect of branches being formed at Ceylon, Cape Town, and St. John's. Of course the membership of the Association can always be obtained direct, on application, suitably endorsed, to the Council of the Association, London, by any properly qualified medical man. This qualification consists in being legally entitled to practise in the colony where the applicant may reside, irrespective of diplomas from licensing bodies in the United Kingdom. But such isolated membership can not be of great value to practitioners, and it is with the view to offering to the profession an opportunity to participate more fully in the benefits which the mother Association confers upon its members that these branches have been instituted. This plan of uniting the medical forces of all English speaking countries is a grand one, and must, we think, result in the advancement of the science of medicine and surgery, as well as the lower interests of the medical world. As the journal of the Association puts it:—"It creates in every district an ethical tribunal, a

scientific society and a medico-political organization of which the advantages are at least as great in the colonies as they are in the heart of England." These advantages are many, but among the most important we may mention the influence of the parent association in the decision of all questions, social and ethical not only as affecting individuals, but "in appeals, addressed to Municipalities, Governments and States," this influence being "always at the command of any of the branches in response to every legitimate appeal." It is to be desired, now that our Eastern brethren have taken the initiative, that branches shall be established in the Westerly portions of the Dominion.

THE CLINICAL SIGNIFICANCE OF ENDOCARDIAL MURMURS.—In a report of the proceedings of the Medical Society of the State of New York, the *Medical Record* gives the following propositions and conclusions, from a paper on the above subject, by Dr. Wesley M. Carpenter:

Propositions: 1. The only definite relation between endocardial murmurs and valvular diseases of the heart is that of determining exactly where the lesion exists. Even this has limitations. 2. Clinical studies and pathological observations have determined that no definite ratio exists between endocardial murmurs and the amount and gravity of valvular disease. A very loud murmur may accompany a very small amount of disease, and, *per contra*, extensive valvular and organic disease of the heart may exist unaccompanied by any cardiac murmur. 3. Endocardial murmurs, when present, enable us, as a rule, to ascertain definitely which auriculo-ventricular opening is involved. They may indicate the amount of damage which the valves have sustained.

Conclusions: 1. That endocardial murmurs and chronic valvular disease of the heart are not synonymous terms.

2. That the existence of a persistent endocardial murmur is not inconsistent with long life and the enjoyment of a fair degree of health.

3. That the knowledge, on the part of the patient, of the presence of an endocardial murmur should guard him against exposure to all influences that may give rise to any of the diseases which are liable to have cardiac disease as a sequel, or that will cause increased cardiac action.

In the discussion which followed Dr. Loomis said that he never mentioned to the patient the fact that a cardiac murmur existed, until evidence of degeneration of the cardiac walls was made out, but that then he explained to him the exact condition present.

ALBUMINURIA NOT NECESSARILY DANGEROUS TO LIFE.—Dr. Grainger Stewart in *The Am. Jour. of Med. Sciences*, mentions four kinds of albuminuria which may occur without giving rise to alarm, viz.: 1. Paroxysmal albuminuria; 2. Dietetic albuminuria; 3. Albuminuria from muscular exertion; 4. Simple persistent albuminuria. In the first class the albumen appears suddenly and in large quantities, with numerous casts, but lasts a very short time. These symptoms may or may not recur. As to the treatment of this variety the kidneys should be guarded against irritation, and the hepatic function carefully attended to. He has never known serious results to follow this form. The second form is better known, and requires the avoidance of whatever article of diet is found to induce the condition. The third form is best treated by rest, careful diet, and general tonic measures. In the fourth variety, there is a persistent loss of albumen, small in quantity, without casts, or any of the attendant symptoms of organic renal disease. This condition may continue for years, and diet and exercise seem to have no perceptible influence on its course.

ONTARIO MEDICAL ASSOCIATION.—This year the meeting of the Association is to be held in Toronto, and promises to be most interesting, not only in regard to the various papers which our own talent so abundantly furnishes, but also as to the list of invited guests who have promised papers on interesting subjects. Dr. Wyeth, Prof. of Surgery, Polyclinic, New York, has promised a paper on "Osteo-plastic operations on the foot," and Dr. Satterthwaite, Prof. of Pathology, New York Post Graduate School, on the "So-called uric acid diathesis." Prof. Packard, of Philadelphia, has also promised a paper, and no doubt there will be others before the time of meeting, which this year comes on the 8th of June. Dr. Arnott, of London, opens the discussion on Medicine by a paper on "Phosphaturia." Dr. W. T. Aikins opens the discussion on Surgery, and Dr. Taylor, of Goderich, on Obstetrics—"The functional paralysis of pregnancy."

CURE FOR WARTS.—*The Medical Press* says it has been now fairly demonstrated that these unsightly growths, may be cured by small doses of Epsom Salts, taken internally. Several children have been cured by 3 grain doses, taken morning and evening, and other cases in adults are reported as cured by the administration of from 10 grains to a drachm and a-half daily. When these excrescences occur on the face, such medication would certainly commend itself in preference to the old fashioned practice of removing them by caustics.

DATES OF MEETING OF IMPORTANT MEDICAL SOCIETIES.—The largest and most important meeting this side the Atlantic will this year be the "International Medical Congress," which meets in Washington on the 5th of September. The "British Medical Association" meets in Dublin on the 1st of August; the American Medical Association, in Chicago, on the 7th of June; the Canadian Medical Association, in Hamilton, on the week following the meeting of Congress in Washington, and the Ontario Medical Association, in Toronto, on the 8th and 9th of June. Our readers will please note the above for future reference.

ACUTE BRONCHITIS.—Muirhead (Ed. Med. Jour.) gives the following in the præexudative period of acute bronchitis:

R. Vin. antimon	ʒiii.
Lig. potasse	ʒii.
Lig. amm. acet.	ʒiij.
Syr. aurant	ʒip.
Aquam	ʒvi, M.
S. ʒss. in water every 3 hours.	

A GOOD IDEA.—Dr. Jones at a recent meeting of the Ohio State Board of Health, introduced a resolution, requiring that every railroad company doing business in that State shall be required to carry an emergency case containing necessary appliances in cases of accidents, and that the employes of the road shall have instruction in their use given them by the company's surgeon.

ARMY MEDICAL SCHOOL, NETLEY.—The friends of Dr. B. H. Scott (Trin.) will be pleased to learn that he has successfully passed his examination for entrance into the army. He received "honorable mention," standing third on the list, having gained 731 marks out of a maximum of 900.

DETECTION OF BLOOD-SPOTS ON IRON.—Dr. Daubenbergs says that if the spots be loosened by a few drops of a 10% solution of caustic potash, scraped off and treated with ammonium sulphide and water, beautiful rhombic crystals will be formed. He calls them "Hæmidin" crystals and considers them conclusive proof of the existence of blood in the stain.

WESTERN UNIVERSITY MEDICAL COLLEGE.—The following is a list of the successful candidates in the recent examination in that school: R. S. Smith, *Gold Medalist*; C. D. McDonald, *Silver Medalist*; J. Proudfoot, *3rd Year Scholarship*; C. A. Cline, *2nd Year Scholarship*; A. Reid, *1st Year Scholarship*. Degree of M.D.: R. S. Smith, J. D. Balfour, C. D. McDonald and J. Haggart.

KINGSTON MEDICAL COLLEGE.—The following are the successful candidates in the recent examinations. M.D., C.M.—A. G. Allen, J. J. Anderson, J. V. Anglin, W. C. Beaman, J. W. Begg, Ella Blaylock, D. Cameron, A. J. Errett, A. G. Ferguson, A. J. Fisher, A. E. Freeman, Ada A. Funnell, M. Gallagher, A. Gibson, J. F. Hart, M. W. Hart, J. E. Hislop, M. James, Miss Livingston, E. McEwen, J. E. Mabee, M. Mabee, W. D. Neish, A. F. Pirie, W. Ranstead, T. Scales, S. H. Thorne, A. F. Warner and Dr. Dunlop.

BRITISH DIPLOMAS.—The following Canadians have passed the Triple qualification, Edinburgh: J. C. Carlyle, F. Primrose, R. C. Coatsworth, J. G. Morrison. Dr. I. S. Freeborn, Victoria, has obtained the license of the K. & Q. C. P. I. to practice medicine.

CORONERS.—Dr. Youker, of Belleville, and Dr. Giles, of Haliburton, have been appointed associate coroners for the Counties of Hastings and Haliburton, Ont., respectively.

THIRST IN DIABETES.—Duchenne recommends (*Nouveaux Remèdes*), the administration three times a day, of a drachm of a solution of potassæ phosphas 2 parts in 75 parts of water. It is best given in a little wine or hot tea.

WE are pleased to notice that Dr. Baxter has been elected to the office of Speaker of the Ontario Legislature. This mark of distinction will be gratifying to the profession at large, for while we

have always a good representation in Parliament, the places of honor have mostly fallen to the law.

WE are pleased to notice that Dr. Wm. Gardner, of Montreal, has been elected a vice-president of the Brit. Gynæcological Society.

The Council of the Royal College of Surgeons of England, has expelled a member for advertising in the secular papers.

"Medical Notes" in this issue and the last should have been credited to *Col. & Clin Record*, Philadelphia.

WE regret to announce the death of Prof. Arlt, of Vienna, at the ripe age of 75 years.

PROF. CARL SCHREDER, of Berlin, is dead.

MICHAEL BARRETT, M.A., M.D.

The death of Dr. Barrett, on the 26th ult., was very sudden and unexpected. Although about 71 years of age, he appeared to be in the enjoyment of good health, and was in the regular discharge of his duties on the day of his death. Dr. Barrett was born in London, Eng., and received his early education in Caen, France. He came to Canada in 1833 and was engaged in various pursuits until 1837. At the time of the rebellion he was connected with the "Queen's Rangers." After the close of the rebellion he went south for a few years, and on his return he was appointed English master of Upper Canada College, a position which he held upwards of thirty years. During the early period of his incumbency he availed himself of the opportunity of taking a course in Arts and Medicine in Toronto University. He was subsequently appointed a professor in Rolph's school, but at the time of the disruption he joined his fortunes with the Toronto School of Medicine, in which school he held the position of Prof. of Physiology up to the time of his death. He also lectured in the Veterinary College, and was president and one of the principal promoters of the Woman's Medical College, Toronto. He was examiner in chemistry and chairman of the board of examiners of the Ontario Medical Council, having been elected to the latter position for three or four years in succession.

Dr. Barrett's life was almost wholly spent as a teacher and lecturer in the schools and colleges of

this city above referred to. He never engaged in practice nor identified himself directly with the profession of which he was an ornament, but he was in active sympathy with everything which tended to advance its best interests. He was possessed of more than ordinary intellectual attainments, a thorough gentleman and highly esteemed by all classes of the community. His loss will be deeply felt by all who knew him intimately. His funeral was largely attended by professors and students of all the schools, the members of the profession and the general public. His wife died only a short time ago. The family have our deepest sympathy in their affliction.

Books and Pamphlets.

A TEXT-BOOK ON SURGERY. General, Operative, and Mechanical. By J. A. Wyeth, M.D., Prof. of Surgery, N. Y. Polyclinic. New York: D. Appleton & Co., 1887.

To many Canadians who have visited New York, this new candidate for the commendation of the lecturer, and the approbation of the student and the practitioner, will recall pleasant recollections of its author. They will remember that as demonstrator of Anatomy, at Bellevue, a dozen or more years ago, he used to dissect rapidly and accurately *before the class*, the subjects used to illustrate Dr. Crosby's lectures. The fame he has won since then by his original investigations in regard to the surgical anatomy of certain arteries they will not have forgotten. As secretary of and a moving spirit in the N. Y. Polyclinic, he has contributed in no small degree to the success of an institution which has brought over the Atlantic for us those peculiar methods of teaching which have made Vienna famous the world over. He has also as President of the N. Y. Path. Soc'y, as Surgeon to Mount Sinai and other hospitals, and as a teacher of operative and clinical surgery done much good work, and has enthused numberless others with his own tireless desire not simply to know and to practise, but also to advance the art of surgery. If it be granted that after such an experience Dr. Wyeth is a fit and proper person to write a text-book on surgery, it may still be asked: "Have we any need for such a work? With Ashhurst, Agnew, Bryant, Erichsen, Gross, Holmes, Hamilton, and

Treeves, to choose from, why seek we for another? The best work on surgery for use in student days will, we take it, be one which within the compass of a single volume teaches clearly and attractively the latest certainties of surgical science, bringing out most strongly those things which it is important the memory should retain, and rigidly excluding all extended discussion upon theories just advanced or long exploded, as well as all unimportant details. From the list given above we can, on account of their bulk, exclude the works of Agnew, Erichsen and Gross. Students have no time to master them, and it is better and safer in every way to know a smaller work well than to know something about a large one. Dr. Hamilton's fame rests securely upon his great work on "Fractures and Dislocations," and it has been advanced but little by his general treatise on surgery which took a decade to reach its second edition. As he was out of practice for some years before this last edition was called for, and out of sympathy with many of the more recent advances on surgical practice, his book is not one to which we can assign a first place. After a somewhat close examination of Dr. Wyeth's Text-book we are of opinion that with any of the others named it can hold its own, while in certain particulars it is the undoubted superior of any work hitherto before the profession. Its readers will have nothing derived from its study to unlearn. Its teachings are the accepted ones of to-day, while within its nearly 800 pages we have found but very few superfluous sentences. As in speaking, so in writing, Dr. Wyeth has a way of getting at the pith of a matter, and he wastes no words in stating his conclusions.

Aseptic surgery is taught in such manner as to make the application of its principles easily available in back-woods cabins and in city tenements. No other work extant brings out so clearly the changes which have taken place in this department of surgery within the last ten years. Perhaps the strongest chapter in the book is, as might have been expected, that on the ligation of arteries. Artistically and anatomically the 27 colored plates which illustrate this part are superior to any that have appeared before this in a general treatise. The illustrations in the entire work have cost, we are informed, over \$7,000, and they are mostly new or being from recent German sources, will be new to a large proportion of readers here. An interesting cut is that showing the author's case of genu valgum and varus in the same patient straightened by a double osteotomy. Another represents the result obtained by Humphrey's operation, the transplantation of the urethra to

the perineum after amputation of the penis for epithelioma. Of the German cuts or plates some of the best are the illustrations of sections through joints (after Broune), and those (after Socin), in the chapter on genito-urinary diseases. Instead of entering here into any extended review of the work we may at a later date present to our readers certain selections from its pages. In conclusion we may say that the book is characterized throughout by good practical common sense, wide research and excellent judgment as to what should be left out of, as well as what should enter into, a work of this scope. A student who has become thoroughly conversant with it need not fear being ploughed in examinations or tripped in practice, and he will need nothing more than this upon surgery till he ceases to buy text-books and substitutes for them the monograph that now cover every department of surgical science so admirably. The practitioner also who desires to regain touch with those who march in the front rank of surgical teaching, will find that in reading this book he will be able to judge wherein he has lagged behind. The work of the publisher is all that the most exacting could wish for.

DISEASES OF WOMEN ; a Hand-book for Physicians and Students, by Dr. F. Winckel, of Munich. Translated by Dr. Williamson, of Alleghany, under the supervision of Theo. Parvin, M.D., Jefferson College, Philadelphia.

HAND-BOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS, by Samuel O. L. Potter, M.A., M.D., Professor of Medicine, Cooper Medical College, San Francisco. Philadelphia : P. Blakiston, Son & Co.

The two volumes before us belong to a series of manuals which the publishers are now presenting to the profession in order to meet what is felt to be a growing want, viz. : A set of text-books that shall be manuals in point of size and yet include all that is likely to be required by students or practitioners. Many of the present text-books are overgrown, and so replete with unnecessary details that they are confusing to the student, points of minor importance being discussed that are of interest only to the specialist. The authors have spared no pains to make the books useful, practical and in every respect thoroughly up to the times ; long experience as writers and teachers enabling them to present their subjects clearly and concisely. The success already accorded one or two of the volumes warrants the publishers issuing them at the very low price of \$3.00, bound in cloth, and \$3.50 in leather ; this, other conditions being favorable, will be an argument for their adoption and use. We give here a list of the series now ready : Golobin's Midwifery ; Yeo's Manual of

Physiology ; Goodhart & Starr's Diseases of Children ; Waring's Practical Therapeutics ; Rees's Medical Jurisprudence and Toxicology, and Richter's Organic Chemistry.

THE PAST, PRESENT AND FUTURE TREATMENT OF HOMŒOPATHY, ECLECTICISM AND KINDRED DELUSIONS, which may hereafter arise in the medical profession, as viewed from the standpoint of the history of medicine and of personal experience. By Henry I. Bowditch, A.M., M.D., of Boston. Boston : Cupples, Upham & Co.

The pamphlet before us is the printed address of the venerable author delivered before the Rhode Island Medical Society, on its 75th anniversary in June last. After giving reasons for the rise of the sects, he asks, Have we treated these sects wisely ? He answers in the negative and quotes a long letter written in 1857 to him by Dr. James Jackson of Boston, at that time the recognized leader of the profession in New England. This letter is a most able and eloquent defence of his own course in his liberal treatment of irregular practitioners, and a vigorous protest against the absurd folly of quarreling with those who hold opposite beliefs to those entertained by the regular profession. Dr. Bowditch endorses this letter and gives the weight of his opinion in favor of consultations with all "legalized medical bodies" : "the present hostile attitude of the Old Code Physicians toward the New Code practitioners, because of the opinions of the latter upon the proper treatment of Homœopaths and Eclectics, is equalled in absurdity only by the late trial held at the United States Hotel in Boston to decide whether a man can be allowed to enter upon a devoted Christian missionary life, who admits that, possibly, all unbaptised infants and Heathen men and women, ignorant of Christian "ethics," may have a chance of escaping from perpetual Hell Fire after leaving this world. The Priest and Physician were in old times united in one person. The modern follies of the Orthodox in religion and in medicine seem to point to their common origin."

Births, Marriages and Deaths.

At Kingston, on the 11th ult., the wife of Dr. W. H. Henderson, of a daughter.

On the 5th ult., Dr. O'Sullivan, of Peterboro', Ont., aged 50 years.

On the 22nd of January, W. J. Mitchell, M.D., of Unionville, Ont., aged 41 years.

On the 22nd ult., Dr. F. L. Nesbitt, of Angus, aged 49 years.

THE CANADA LANCET.

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Original Communications.

LAPAROTOMY AND INTESTINAL SUTURE.*

BY JOHN A. WYETH, M.D.,

Professor of Surgery in the New York Polyclinic, Etc.

Leah R.,† Russian, fifty-six years old, housewife, was admitted to Mt. Sinai Hospital on October 9, 1886, with the following history: For ten years she had had a swelling in the left groin, which would disappear when she lay down and return when she was standing erect. She had not worn a truss. Two weeks before admission she discovered that the tumor no longer disappeared upon going to bed, but became painful, tender and more swollen. She had not vomited up to the time of arriving at the hospital, but there had been no evacuation of the bowels for six days prior to her admission.

On admission, a swelling as large as an ordinary fist was found occupying the inner aspect of the left groin and thigh. The skin over the tumor was red in color, tender and doughy to the touch, and fluctuation was evident. The tissues around were slightly emphysematous. The patient's appetite was gone; she was emaciated, having lain in present condition ten days in a tenement-house without proper care. The temperature was normal.

A diagnosis of strangulated femoral

* Read before the Section in Surgery of the New York Academy of Medicine, March 14, 1887.

† I am indebted to Dr. Rich, of the house-staff of Mt. Sinai Hospital, for the notes of this case.

hernia was made, ether administered, and the tumor incised. Several ounces of foul pus mixed with intestinal matter were discharged. No trace of a hernial sac or of intestine could be discovered, such was the gangrenous condition of the mass. Upon introducing the little finger into the femoral canal, a slight opening into the intestine could be felt. Into this a closed dressing forceps was introduced, and the opening dilated by separating the jaws of the instrument. This was intended to secure the freer exit of ingested matter from the upper portion of the occluded gut.

A loose dressing of iodoform gauze was laid over the wound. The patient improved in condition after this operation, under mild stimulation and liquid diet (milk, beef-tea, beef-juice, whisky, sherry, etc.). Only a small quantity of ingested matter escaped when the gauze dressing was changed on every second or third day.

On October 22d, thirteen days after the first operation, with ether narcosis laparotomy was performed. The patient was placed upon the back with the pelvis elevated upon a firm cushion. With Volkmann's spoon the granulation tissue was first scraped from the walls of the abscess, the hole into the intestine plugged with a pellet of iodoform gauze, the cavity of the abscess irrigated

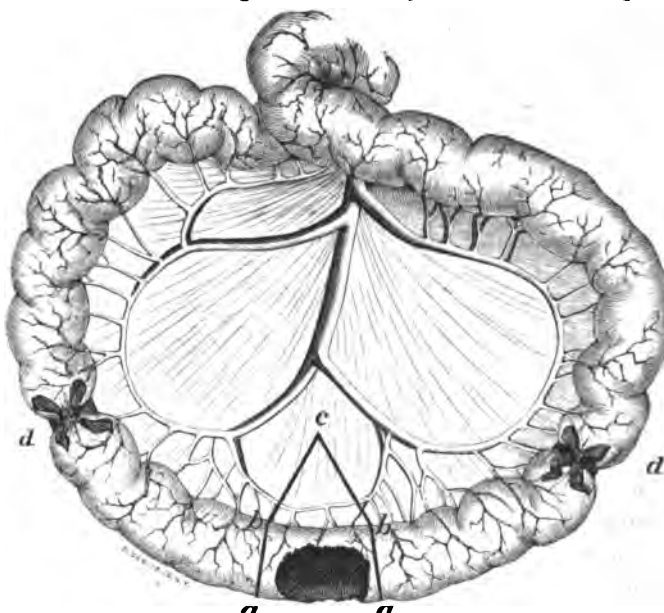


FIG. 1.—Loop of small intestine. *a b*, lines of section through the gut, removing the gangrenous portion; *b c*, same through the mesentery; *a a*, gangrenous portion of illum; *d d*, occlusion of the afferent and efferent tubes by tape ligatures.

with 1 to 1000 sublimate, and then tightly packed with iodoform gauze.

The integument about the femoral canal was washed thoroughly with soap and warm water, cleanly shaved, washed with ether, and finally with 1 to 1000 sublimate solution. Towels wrung out of hot sublimate solution (1 to 3000) were laid over that portion of the body near the groin, leaving only a spot exposed measuring six by four inches.

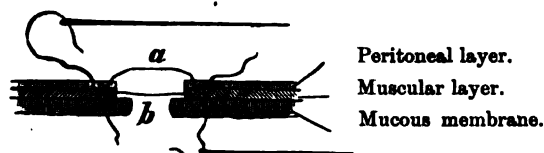


FIG. 2.—Schematic. *a*, Lambert's, and *b*, Czerny's sutures.

An incision four inches in length was made parallel with the outer border of the rectus muscle, the lower end being over the femoral ring. All bleeding was arrested, so that before the peritoneum was opened the wound was absolutely dry. Juniperized catgut ligatures were employed. Great care was observed to keep to the inner side of and away from the epigastric vessels, which were exposed in the dissection. The parietal layer of the peritoneum was picked up with a fine forceps, opened, and further divided upon the finger as a director.

Upon looking into the abdominal cavity, one or two loops of normal small intestine were seen, and upon displacing these upward, a third loop was seen to be imprisoned in the femoral opening. That part of this loop above the constriction was slightly distended, while the part on the side nearest the rectum was contracted until it was about two-thirds of the diameter of the upper segment. The obstruction of the intestinal canal at the ring was complete. A soft flat sponge taken from a warm Thiersch solution (boric acid, gr. iv; salicylic acid, gr. j; water, 3 j) was placed beneath the imprisoned loop in such a manner that it held the loose loops of small intestine back, and was ready to receive any foreign matter which might escape from the gut when it was divided.

Two long-jawed scissors-forceps (used as clamps) were then placed so as close the loop of gut which was caught in the ring. One of these rested against the inner surface of the ring and the other only sufficiently removed from this to permit of a division of the intestine between the forceps.

As soon as this was effected, the loose end, with one pair of forceps attached, was brought out through the abdominal wound and placed in a warm Thiersch towel. As the forceps which constricted the ring of gut attached to the femoral canal was removed, a tuft of sponge was tightly packed into this ring to prevent any infection from the abscess with which it communicated.

Of the loop which had been liberated, about ten inches (five above and below the point of occlusion) were drawn out of the abdomen, flat Thiersch sponges carefully placed so as to close the wound and prevent any escape of matter into the peritoneal cavity, and the exposed gut protected by covering with warm towels. A piece of cotton tape one-fourth of an inch wide was then tied four inches above and below the limits of the gangrenous opening, so as to completely occlude the lumen of the gut (*d d*, Fig. 1). These tapes had been well soaked in a 1 to 3000 sublimate solution. When the forceps-clamp was removed, the opening into the intestine was seen to occupy two-thirds of the circumference of the canal. The gut was then cut across at a right angle to its axis by a single stroke with the straight scissors (*a b*, Fig. 1). These lines of section were well out in sound tissue. The piece of intestine removed measured two inches and a half. A triangular piece of the mesentery was also removed (*b c b*, Fig. 1).

The bleeding from the mesentery was profuse, requiring a dozen catgut ligatures. From the ends of the intestine only a slight oozing occurred. The cavity of the gut from the tapes to the openings was carefully emptied of all matter and



FIG. 3.—Schematic. Shewing the inversion of the peritoneal layer by tying Lambert's suture, and of the mucous membrane by Czerny's suture.

washed out with Thiersch's solution. Nothing escaped from the lower end.

The edges of the divided mesentery were first united by eight interrupted catgut sutures, about one-fourth of an inch distant from each other. When the intestine was reached, the mesenteric attachment of each end was carefully brought into apposition and the work of stitching the ends of the cylinders to each other begun.

In doing this, three forms of suture were em-

ployed: 1. A suture through the mucous membrane alone, or *Czerny's suture*. 2. That through the peritoneal coat alone, or *Lembert's suture*. 3. One which pierces the peritoneal coat, and, passing along with the muscular layer, comes out on the free border of the divided gut, the *intermediate suture*.*

In Fig. 2, which represents a longitudinal section through the ends to be approximated, is shown at *b* the Czerny suture as it is passed through the mucous layer of the gut from the inner surface of the canal, while at *a* the method of introducing the Lembert suture through the peritoneal layer is shown.

When a gut is cut across, the longitudinal muscular layer retracts, carrying the peritoneal layer with it and leaving the thick mucous membrane projecting about one eighth of an inch. The object of the Czerny suture is to bring the mucous membrane and the connective tissue upon which it rests together, and thus strengthen the line of union after adhesion occurs. If this is not done, the slight adhesion between the peritoneal surfaces obtained by the Lembert suture might give way under the strain of distention of the intestine by gas or ingested matter. The objection to passing a suture entirely through the wall of the gut and thus approximating all the coats at once, is the danger that the perforation may be followed by escape of gas or other contents to either side of

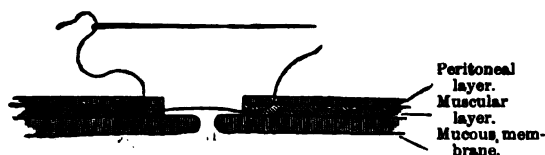


FIG. 4.—Schematic. Showing the route of the intermediate suture.

the line of adhesion between the ends. The inversion of the mucous membrane by Czerny's suture and of the peritoneal layer by Lembert's suture after the threads are tied is shown in Fig. 3.

The mechanism of the intermediate suture is well shown in Fig. 4. This suture adds strength to the union by taking in the muscular layer and connective tissue of the mucous membrane, to

* Dr. Sutton, of Pittsburg, employed this suture in a case which ended in a good recovery. I saw the line of union in this patient about two years after the operation, through the courtesy of Professor J. B. Hunter, who was performing a second laparotomy.

gether with the peritoneal covering. Applied after the Czerny suture, there can be no danger of escape of intestinal contents through the wound.

In suturing the intestine, the very finest black (iron-dyed) silk, and a delicate, perfectly round needle, should be used. The straight needles are preferable to those which are half or full curved. The thread should be made aseptic in sublimate solution (1 to 3,000), and it and the needle taken from a 1-to-20 carbolic-acid solution as they are used.

In commencing the sutures, first insert one Czerny suture just over the mesenteric or attached border of the intestine, and tie this, the knot, of course, coming within the lumen of the gut. The needle should pass from within

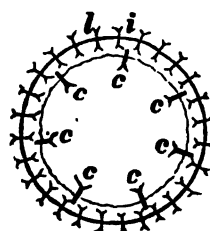


FIG. 5.—Schematic. Section of intestine, showing the proportion of each form of suture, and their distance apart. *l*, Lembert; *i*, the border of the same end, intermediate sutures, alternating; *c*, Czerny and, being carried across to the opposite end, should be

made to enter below the muscular and mucous layer, and to emerge through the mucous layer three sixteenths of an inch from its cut edge. A Lembert suture should be next inserted just at the edge of the mesenteric attachment, as follows: * The needle is made to enter the peritoneal coat one-eighth of an inch from the edge, and, passing between the serous and mucous coats, is again brought through the peritoneal layer about one twenty-fifth of an inch from the edge (Fig. 2, *a*). At a point exactly opposite, the same stitch is passed through the peritoneal layer of that side for the same distance, and this thread is tied. In knotting all of these sutures it is a wise precaution to use the *double* or *friction* knot for the first trying, for by so doing

* When the peritoneal surfaces of the intestine are held in apposition by this suture, adhesion occurs in remarkably short time. In January, 1887, I was called in consultation in a case of suspected volvulus. Upon opening the abdomen, it was found impossible to untwist the loop without puncture and evacuation of the contents of the greatly distended gut. The opening, one fourth of an inch long, was closed by four Lembert sutures at 11 30 a. m. At 3 p. m. the patient died. On autopsy, not only had well-marked adhesion taken place, but the silk threads were with difficulty recognized, being hidden beneath the inflammatory exudation.

there is no danger of the suture slipping and the parts separating as the second turn is being made. A second Lambert suture should now be inserted on the other side of the mesenteric attachment, and an *intermediate* suture passed between these, through the substance of the mesentery and down into the strip of intestine which here is uncovered by peritoneum. Extra care must be taken to see that this part of each end of the cylinder is in perfect coaptation. The sutures are now inserted for the remainder of the apposing surfaces. The Lambert and intermediate sutures alternate through the entire circumference, and should be one-eighth of an inch apart. The mucous or Czerny sutures

All of these threads should be cut off close to the knot.

In this operation I had to leave the space between the sutures on the upper end of the gut a little wider than on the lower, for the diameter of the efferent tube was considerably smaller than that of the afferent portion. The intervening space was a flush one-eighth of an inch on one side and a scant one-eighth of an inch on the other. When the sutures were all in, the constricting tapes were removed. The gut immediately filled with gas. To the surprise of all present, the intestine below the line of suture instantly expanded to a size equal to that of the portion above the line of union. That the wound was tightly closed was demonstrated by forcing the contents of the intestine from opposite directions towards the sutures. No gas escaped.

The appearance after the tapes were removed is shown in Fig. 6. At intervals of about five minutes during the operation, a small quantity of warm Thiersch solution was poured over the exposed intestine. The warm Thiersch towels upon which it rested were changed every ten or fifteen minutes. No fluid was allowed to get into the abdominal cavity. Finally, the intestine was carefully washed with this solution, and returned into the cavity of the peritoneum.

It was now necessary to deal with the ring of intestine which occupied the femoral opening, and which led from the abscess into the abdominal

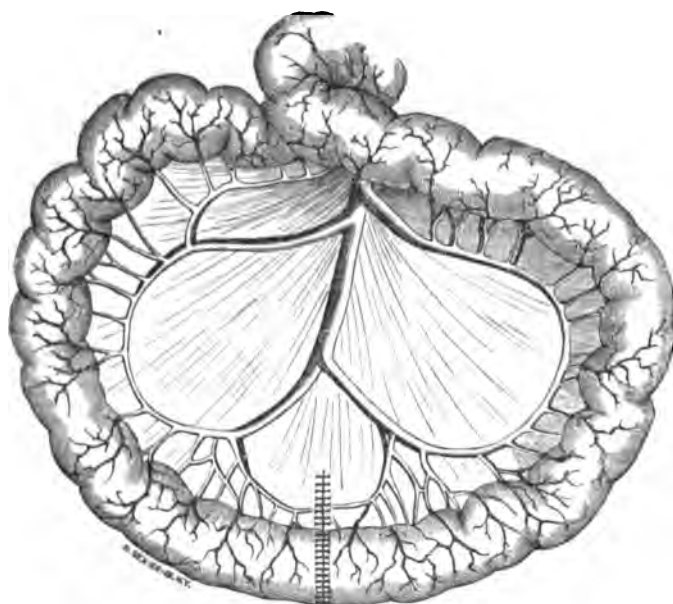


FIG. 6.—Showing the line of sutures in the mesentery and around the intestine.

should be from one-fourth to three-eighths of an inch apart. The relative proportion of these sutures is shown in Fig. 6. It is evident that while the Czerny suture is tied, leaving the knot within the cavity of the intestine for the first part of the operation, the last few threads must be tied leaving the knot imbedded between the mucous and muscular layers of the wall. In applying the sutures the plan followed was first a Czerny, then a Lambert about over this, next an intermediate, another Lambert, and after this a second Czerny suture, and so on. In other words, it was necessary to insert the mucous suture before the superficial sutures had quite reached that point.

cavity. Two strong silk threads were passed entirely through the opposing walls of this rim of intestine and tied so as to bring the edges well together. I then passed a silver probe from the hernial abscess cavity up through the femoral canal, and through the ring of adhering intestine between the two silk threads, until the end of the probe projected a half-inch into the cavity of the abdomen. The ends of both threads were tied to the probe, and this withdrawn, bringing the sutures out through the saphenous opening. By making strong and continuous traction on these, the mucous membrane was averted, the peritoneal surfaces brought in contact, and the femoral open-

ing closed. This procedure effected a radical cure of the hernia.

The wound in the parietal layer of peritoneum was closed by catgut sutures, introduced as in the Lembert suture. The abdominal incision was closed with silver sutures, which included all the tissues down to (but not touching) the peritoneum. For the prevention of ventral hernia after laparotomy, it is very important to include the fascia and aponeuroses of the muscles in the silver sutures. A Neuber's bone-drain was inserted. The abscess and sinus were packed with iodoformized gauze.

The operation lasted four hours. The patient rallied well, and was kept quiet with suppositories of opium. She was kept on the back, and was not permitted to move body, legs, or arms for ten days. The diet was milk, beef-tea, and whiskey in small quantities.

October 23d, 6 A. M., fourteen hours after operation, temperature 99° F. Patient vomited at 4.30 A. M.

24th.—Pulse 120, temperature 99° to 100°.

25th.—Pulse 100, temperature 99.6°. Patient comfortable. Slept well.

26th.—The pulse and temperature were the same.

27th.—Pulse 80 to 100, temperature 98.4° to 99.6°.

28th.—Pulse 100, temperature 99° to 100°.

29th.—Pulse 100 to 106, temperature 99.2°.

On this the sixth day the silk threads came away under the continuous traction of the elastic ligatures attached to them. The wire sutures were also removed. Wound of incision united throughout. Bowels moved; stool of normal consistence.

30th.—Pulse 94 to 100, temperature 99.2° to 100.2° F. Bowels moved again; stool normal. Opium discontinued.

The subsequent history contains nothing of interest. The patient steadily gained her strength. On November 20th she sat up in bed, and on December 3d was walking about the ward. She is now fully restored and attending to her duties. There is no sign of obstruction or interference with the functions of the alimentary canal, and the hernia is at this date radically cured. The great emaciation of the patient at the time of the operation, and the fact that within half an inch of the opening into the abdomen there was a large abscess

cavity, may be mentioned as the two conditions which rendered the prognosis grave.

The treatment of strangulated hernia with gangrene of the intestine may be considered under three methods:

1. Establishing a permanent fecal fistula at the seat of gangrene.

2. Immediate exsection of the gangrenous portion of the gut, reunion at the ends by suture, and return of the loop.

3. Temporary fistula, followed, after an interval of some days, by laparotomy, excision, and suture.

To the first method may be consigned subjects so feeble that no operative procedure is justifiable.

As to whether exsection should be made at once or postponed after a free discharge through the fistula has been established, must be determined by the condition of the individual at the time of operation. If the patient is well nourished, and if the anæsthetic is well borne, it will be advisable to relieve the strangulation, and through the hernial opening draw out the gut until five or six inches of sound intestine above and below the gangrenous spot are in sight, remove the dead portion, and unite the ends at once. This is a much simpler operation than when an additional opening through the abdominal wall is required.

In most cases, however, it will be found that the condition of the patient is not favorable for immediate exsection. Shock is almost always severe, and not infrequently fatal, when the constriction has been so severe or lasted long enough to produce gangrene. In such cases the plan carried out in the case just detailed should be followed.

Finally, the subject of intestinal suture is one of such vast importance, that too much stress can not be laid upon the necessity for a thorough preparation for the operation. In the careful application of this procedure to penetrating wounds of the intestines, to exsection of gangrenous portions of the canal as the result of hernia, volvulus, intussusception, and in the removal of malignant neoplasms and strictures, many lives may be saved which, under the teaching of former years, were left to die without surgical interference. The difficulties of the operation are great, and the time required in exsection dangerously long, unless the surgeon has had sufficient practice to enable him to work rapidly and safely. I would advise those who are willing to undertake this procedure to

perfect themselves in the various sutures upon the cadaver, or preferably upon living animals. I was deeply impressed with the importance of this in my own case, for, notwithstanding that I had done this operation upon the cadaver about ten times, four hours were occupied in the case which forms the subject of this paper.

VESICO-VAGINAL FISTULA SUCCESSFULLY TREATED BY "KOLPO-KLEISIS."

BY N. E. MCKAY, M.D., M.R.C.S.E., HALIFAX, N. S.

Mrs. D. F., æt. 52, was admitted into the hospital on the 28th of September, 1886, suffering from a vesico-vaginal fistula.

Previous history.—Patient had always enjoyed good health up to the time of her last confinement. She was the mother of eleven children, and most of her labors were very prolonged and difficult. In her last confinement, seven years ago, when the accident occurred which resulted in a vesico-vaginal fistula, she was in labor for nearly three days, and had to be delivered with instruments. Immediately after her delivery, she noticed her urine constantly dribbling away from her by the vagina, which caused her great annoyance and pain. This was the first intimation she had of anything being wrong. Since then her life had been a misery to herself and a source of annoyance to those around her. Two years after, a large tumor gradually appeared in the middle line, a little below the umbilicus, which proved to be a ventral hernia. Patient was bed-fast for nearly seven years.

Present condition.—When admitted, her general health was bad. She was very pale and anæmic, had no appetite, and suffered greatly from obstinate constipation of the bowels. The vulva, vagina, and perineum were extensively excoriated, and the skin and mucous membrane on those parts thick and indurated; the urine constantly ran away by the vagina in dribblets, much to the annoyance of the patient and those around her. Everything about her had a very disagreeable urinous odor. There was a large bed-sore situated over the base of the sacrum, and a large ventral hernia in the middle line, half way between the pubes and umbilicus. On examination per vaginam, the measurement between the two tuber-

ischii was found shorter than the average, and there was a general contraction of the pelvis, either of which conditions would account for her prolonged and difficult labors. There was a large aperture, connecting the vagina with the bladder, which made them appear as if they formed one cavity. The superior anterior part of the wall of the vagina was firmly adherent to its posterior wall, and covered over the os and cervix, so that nothing could be seen except the bright, florid mucous membrane of the bladder.

Treatment.—To improve her general health and sharpen her appetite, she was ordered an aperient pill, to be taken at night, *pro re nata*, and a quinine and mineral acid mixture, *ter in die*; and beside the regular hospital diet, she was given as extras, beef-tea, egg-nog and milk two or three times a-day, with a very moderate amount of stimulant. To obtain a healthy condition of the parts, warm water douches were freely used, per vaginam, four or five times a-day, with injections of corrosive sublimate (1 to 2000) as often. A sponge, soaked in an antiseptic solution, was constantly kept in the vagina, to absorb any urine that might dribble away. These sponges were frequently changed. This treatment, general and local, was continued until her health was good and the parts restored to a perfectly healthy condition, when an operation was determined upon. From the enormous size of the aperture and the great loss of tissue at the base of the bladder, it was evident that an operation with a view simply to close up the fistula would be futile, and that nothing short of complete obliteration of the vagina would succeed in completely and permanently relieving her suffering; and as the patient was past "the change of life," there was no very serious objection to the performance of such an operation.

The necessary preliminaries having been attended to, the operation termed "kolpo-kleisis" was performed on the 17th day of December, in the following way: The patient having been etherized, was put in the lithotomy position, with the pelvis raised on a level with her chest, an antiseptic sponge was introduced into the bladder, and the parts were well held apart by two assistants. A straight staff was introduced into the bladder to press down the anterior vaginal wall. Then the mucous membrane was removed from the anterior wall of the vagina, as near the lower margin

of the aperture as practicable, to the extent of three-quarters of an inch, and also from its posterior wall and its angles on the same level and to a corresponding extent. The vivified surfaces were then brought in perfect coaptation and held there by silver sutures. The operation occupied two hours and a half in its performance. A catheter was constantly kept in the bladder, to draw away the urine as soon as secreted, until union was completed. The vagina was thoroughly washed once a day with a boracic acid solution, and a plug of absorbent cotton wool soaked in boroglyceride was constantly kept in it.

On the 27th day of December, the tenth day, after the operation, the sutures were removed when firm union was found to have taken place. The catheter was left in the bladder for two or three days after the sutures were removed. When discharged on the 5th day of February, she experienced no difficulty in passing water and could easily retain it for from four to five hours at a time. At the time of writing this article, the patient is perfectly well and suffers no inconvenience from her urine.

Correspondence.

FUTURE CANADA MEDICAL ASSOCIATION MEETINGS.

To the Editor of the CANADA LANCET.

SIR,—It is not too soon to bring the suggestions below before the members of the Canada Medical Association, and as doubtless most of the members are readers of the LANCET, if you will grant me space, I should like to submit the following: It has been repeatedly said that something ought to be done with the view of increasing the interest of members of the profession in our Association, and to secure a larger membership and better attendance at the annual meetings, in order as well to promote general good feeling and union for our own strength, as the advancement of the science of medicine. I would suggest that special efforts be made this jubilee year, at the approaching annual meeting, to be held in Hamilton, to accomplish something in the way indicated. At the first possible hour of the meeting of this year, a committee should be appointed to consider the question, report upon it and have it discussed.

The annual meetings, as I believe has been heretofore the case, should be held at a time when medical practitioners could best, and should, take a holiday, of at least a week; as in the summer, when it is too warm to work, but not to travel quietly. It should be so arranged that the gatherings of the members of the profession should partake more of a holiday character, and be made more entertaining and social,—more play, if not less work. More time, not less than three or four days, should be given by all, if possible, to the conference. Greater efforts might fairly be made to obtain from railway and boat managers (who in the end would be gainers thereby) lower rates of travel; and from hotel keepers, by pre-arrangement, good accommodations at more reasonable charges. It would probably be to the interests of the Association never to meet at a point further east than Montreal, nor further west than Hamilton. On occasions, when necessary or admissible, funds of the Association might be used toward defraying expenses of the entertainments. By the careful selection of a small committee of the older and more experienced members for the examination of all papers to be submitted, only a limited number, on subjects of most special and general interest, need be read; and any others could afterwards be read before local society meetings. Certain members might be asked to prepare each a paper on some special, named subject, for the next meeting, which should of course be made known, when members could come more prepared to discuss them.

I would further ask permission, even now, to suggest that the meeting of the Association in 1888 be held in the capital of the Dominion, and that it be regarded, under the new order of things, as a special national convention. That early and unusual efforts be made, and which would doubtless be successful, to obtain greatly reduced fares on routes of travel, especially for long distances, as on the Canadian Pacific and Inter-Colonial Railways. That one of the special subjects for the consideration of the Association then, at this Ottawa meeting, be, the best manner in which to secure UNITED ACTION in the profession, amongst all its members, in all questions of public interest, as well as those which relate only to the profession; and another, the formation of a medical benefit and life insurance society for Canada, in

connection with the Association. Not less than four days should be given to this Ottawa meeting, one of which, say, might be pleasantly and profitably occupied by an excursion down the Ottawa, followed by a conversazione in the evening. It is not unlikely that quite a number of members of the profession in the neighboring States, and possibly a few from Great Britain, might attend the conference, if invited through the medical press or otherwise. Trusting these suggestions may be favorably considered, and bring out others,

I am, very truly yours,

EDWARD PLAYTER, M.D.

MEDICAL SCHOOL AMALGAMATION.

To the Editor of the CANADA LANCET:

SIR:—The following is the reply of the Corporation of Trinity Medical School, to the report of the Senate of Toronto University, in reference to the establishment of a Medical Faculty in connection with the University.

To the Vice-Chancellor and Members of the Senate:

GENTLEMEN,—At a meeting of the Corporation of Trinity Medical School, held a few days since, the report of the Committee of the Senate of the University of Toronto was, in accordance with the letter of the Registrar (Mr. Baker) accompanying it, laid before the Corporation for consideration. The report was very carefully gone over, section by section, and after mature deliberation regarding the scheme proposed in it, the following conclusions were reached:

I. The proposal to form a new Medical College to be called the "University of Toronto Medical College," which shall be the "Medical Faculty" of the "University of Toronto," is contrary to the policy of the Provincial University, as established in 1853, and would practically destroy its character as a Provincial University, so far as regards medical education, and would reduce it to the rank of one amongst several competing Universities.

II. The scheme submitted, is also, in the opinion of the Corporation, directly opposed to the Government scheme of "College Federation," which does not contemplate the amalgamation of the several federating Colleges—but carefully preserves their identity, and secures self-government to each, whereas, the affiliation of several Medical Colleges with the University, as at present and for many years past, is in harmony with the "College Federation" scheme, and this Corporation cannot understand why there should now, in the department of medicine, be any departure from that policy.

III. That even if, as is not the case, the proposed scheme were practicable in all other respects, it has no satisfactory financial basis to rest upon. Medical professors require to be adequately remunerated if they are to be expected to devote their chief energies to the duties of their respective chairs, and this would not be the case under the proposed plan, since it does not contemplate any provision for Professors salaries beyond fees obtained from students, and in the opinion of the Corporation, so long as Medical Education is dependent for its support on these fees alone, the present is the best system which can be devised, as it is eminently successful—does the country credit at home and abroad and—costs it nothing.

IV. The scheme as set forth in the report, would not promote the interests of Medical Education in this Province. It would not tend to decrease, and would to a certainty increase the number of Medical Schools, while on the other hand the present system gives a healthy stimulus to exertion,—encourages competition amongst the Medical Schools—begets an earnest desire on the part of the respective governing bodies of these, to be first, in efficiency and equipment, and a praiseworthy effort to educate men well, and thus fit them for success in their profession. This healthy rivalry between schools cannot injure the profession or the public, and benefits both, where, as in Ontario, all students, wherever educated, have to be examined by the Medical Council's Examiners, before being admitted to practice. Experience has clearly shewn that in Institutions removed from competition, the teaching is not, as a general rule progressive, nor is the management, always characterized by energy and efficiency.

For the reasons above given, the Corporation of Trinity Medical School is not willing to suspend its charter, and enter into the scheme proposed in the report.

Signed by order, and on behalf of the Corporation,

WALTER B. GEIKIE,

Trinity Medical School,

Toronto, April 6, 1887.

Dean.

To the Editor of the CANADA LANCET.

SIR,—Will you kindly answer, through the columns of the LANCET, the following questions:

1. Should a physician change his clothes after visiting a case of diphtheria, before associating with other people, or visiting other patients? Of course I make exceptions to those cases where, in making an examination of a throat, matter has been coughed on to the doctor's clothing; when such an accident happens, as it not infrequently does, the question must be answered in the affirmative, but I have reference to ordinary visits,

where nothing of this kind occurs. If it is not in the interests of the public generally or his own family, that the outer clothing be changed after visiting an infected house, the average *country* doctor, at least, would be spared no little inconvenience if assured of this fact; while I, for one, would prefer to go clothed in the primitive fig-leaf costume, to running the risk of spreading disease.

2. Will you or any of your readers give your views on the treatment of diphtheria by the internal administration of hydrarg. bichlor.? I may add that a limited experience with this drug has given me a favorable impression of its usefulness.

A COUNTRY DOCTOR.

[It is not considered necessary, in ordinary cases, to change the clothing after visiting a case of diphtheria. Competent authorities deny that the disease is carried in the clothes at all; thus Goodhart (*Diseases of Children*) says: "It is not communicated to other children or patients in a building, or carried about in clothing like measles or scarlatina." His American editor, however, gives a footnote to the above, in which he says: "Many authorities hold that diphtheria is contagious, in the ordinary sense of the term." The question, therefore, as to its being contagious, is an open one].—ED. LANCET.

To the Editor of the CANADA LANCET.

SIR,—I am called to a case of midwifery, and after careful examination, come to the conclusion that it is utterly impossible to save the mother without destroying the child. Two other medical men are called, and they come to the same conclusion. The nature of the operation is explained to the friends, but (being Roman Catholics) they refuse to allow us to proceed. Now what is our duty in this case? Should we allow the woman to die, without any effort to remove the foetus by means of craniotomy? Would we be in any way responsible, after an operation had been refused?

Yours, etc.,

JUNIOR PRACTITIONER.

[Under the circumstances, caesarian section should have been performed. This would have given both mother and child a chance of life. There are a sufficient number of recoveries to justify that operation, and when skilfully performed, it is claimed by some good authorities to be no

more fatal to the mother than craniotomy. Among Roman Catholics this is the operation to be performed at all events, whatever may be the practice among Protestants. We are not justified in allowing both mother and child to perish].—ED. LANCET.

Reports of Societies.

OTTAWA MEDICO-CHIRURGICAL SOCIETY.

March 11th, 1887.

A regular meeting of the Society was held this evening; Dr. Sweetland, President, in the chair.

Dr. Prevost read a paper on gonorrhœa.

He commenced by quoting the words of Lisfranc, to the effect that out of 100 individuals 80 have had, have, or will have, gonorrhœa. He then went on to enumerate the seat and characteristic symptoms of the disease, and to show that it was now conclusively established that it was a specific disease produced by the contact of a special virus, and could not originate from ordinary sources of irritation. He observed that, while there were those who still considered it possible for gonorrhœa in the male to originate from excesses in eating and drinking, leucorrhœal discharge and performance of the sexual act with too much violence or during the menstrual period, these could not now be accepted as causes of gonorrhœa—a disease which could only originate from a specific virus and in turn give rise to a specific disease. After taking up each of these supposed causes of the disease, and showing the difficulties pending on the acceptance of them as the true origin of the affection, he went on to point out how gonorrhœa in the female might be overlooked, and the difficulties attending its diagnosis when present.

He stated that the authority of Ricord, Cullerier, Rollet, Lardien, Guerin and Martineau, went to show that spontaneous or traumatic purulent urethritis did not exist in women—and that if with an inflammation of the vulva or vagina there co-existed urethritis, we could affirm the contagious nature of the vulvo-vagino-urethral inflammation. He then went on to give a means of establishing the existence or otherwise of urethritis in the female, as dysuria and strangury were rare as a symptom of that disease in women, which was as follows: The subject for examination being laid on

a bed in a good light, the thighs being flexed on the abdomen and well separated, the urinary meatus and circumjacent parts are dried with lint, and the index finger is introduced into the vagina to the depth of two or three inches, while at the same time the two sides of the vulva are separated by the finger of the left hand, thereby fully exposing the meatus urinarius. The index finger of the right hand, with the palm surface upwards, is made to exert a firm pressure on the urethrovaginal wall from behind forwards along the course of the urethra, this is repeated two or three times, and if any pus exists in the urethra or in the follicle surrounding it, pressure never fails to bring it out, and when perceived to exude from the meatus, there is no further doubt of the existence of a purulent and consequently gonorrhœal urethritis. To avoid any fallacy, care must be taken that no urine has been passed for some three or four hours beforehand. Urethritis in women has been found to be a very rebellious disease, and many authors assure us of having known women who communicated gonorrhœa three or four years after they had the disease, and when they fully believed themselves perfectly cured (Guerin, Gosselin, Martineau).

Blenorrhagia, he went on to show (on the authority of those above mentioned) may remain localized for a long time in the intra-urethral or vulvar follicles, unknown to the patient or even to the physician. Under the influence of oft-repeated intercourse the disease is again lighted up and again transmitted.

The same phenomena have been observed in the man as shown by the following aphorism of Langlebert: "After several attacks of gonorrhœa, or even only one sufficiently severe and protracted, the most simple exciting cause, a muscular fatigue, an excess of coitus or liquor will often suffice to recall the inflammation to the mucous membrane, previously affected." From this he went on to show that blenorrhagia was undoubtedly a parasitic disease, and as such while the active indications of the disease might be dormant for a longer or shorter period, a slight exciting cause might at any time bring on a fresh attack. These facts were brought to light by M. Verneuil in a communication made by him to the Academy of Medicine of Paris during its sitting of the 3rd April, 1886. He showed plainly that our organism could conceal morbid germs capable of sojourning in our

humours, our tissues, or organs, for a longer or shorter period, without betraying their presence by any symptom whatever. This he calls "latent microbical parasitism."

From this he drew the conclusion that the occurrence of a fresh attack of gonorrhœa in a person who considered him or herself cured, and who had not accounted for the origin of the attack from a recent exposure to contagion, was an evidence of the existence of "latent microbes," on one side or the other, as he considered it an established fact that gonorrhœa could not originate except from the specific virus of that disease. Martineau has found that the different secretions discharged from the vulva have not all the same reaction. They are generally alkaline, with the exception of that secreted by the mucous membrane of the vagina which is ordinarily acid. Gonorrhœal fluid is always acid, so that the fact of obtaining an alkaline reaction from any vaginal discharge constitutes a strong presumption against the existence of a virulent affection. With regard to the parasitic nature of blenorrhagia, recent researches seem to have established the fact of its being due to a parasite to which the name gonococcus had been given. While it has long been known that blenorrhagia was inoculable, and therefore the existence of some micro-organism was suspected, it was not till 1862 that anything was proved by investigation.

In 1872, Hulner discovered a micrococcus seated in the intercellular liquid, even in the blood of individuals suffering from gonorrhœal rheumatism. In 1878, Bouchard observed the micrococcus. But to N. Neisser falls the honour of having given in 1879, the first exact description of the gonorrhœal micro-organism. Since then a great many observers have recognized, described, cultivated and even inoculated this organism, and during the session of the Therapeutic Society of the 22nd Oct., 1884, Constantine Paul not only confirmed the truth of previous researches, but even went so far as to propose a prophylactic and curative treatment of blenorrhagia by solutions of corrosive sublimate. These facts are most important with regard to the diagnosis and pathogeny of gonorrhœa. The microscope in revealing the presence of the gonococcus in the discharges from the urethra, will establish in the future in an unmistakable manner the virulent nature of their origin.

The complications which may arise in the course

of gonorrhœa were then entered into. Gonorrhœal arthritis, is common especially among men. In nine years Cullerier observed but two or three cases in women; Guerin met one case in four years; Rollet, Diday, Panas, Martineau, never saw one. Why the affection should be so rare among women is not sufficiently explained.

Gonorrhœal rheumatism is rarely polyarticular; so that if a case of acute articular rheumatism is met with in which but one joint, particularly the knee, is affected, we are justified in suspecting gonorrhœa as a cause. Purulent ophthalmia in the adult is very rare except as a result of gonorrhœal infection.

A case of gonorrhœal arthritis was described, occurring in a young married man, who had a gonorrhœa every year for ten years past, and each time followed by arthritis affecting generally the left knee, on one occasion, all the large joints on the left side, and this year the right knee. The discharge, as shown by Fournier does not cease entirely, though it may diminish when the arthritis is set up. Many theories have been brought forward to explain the appearance of arthritis in connection with blenorhagia. Thery, of Brussels, and Guyon look upon it merely as a coincidence, and not as a distinct pathological species. The patient is of a rheumatic diathesis and the blenorhagia acts as an exciting cause. Hunter and Fournier consider gonorrhœal rheumatism as a mere urethral accident, similar to the articular affections sometimes produced after simple catheterism. Barth considers that the articular manifestations are to be considered as infectious pseudo-rheumatisms, belonging to the numerous class of arthropathies of infectious diseases. Paget and Weiss are of the same opinion.

Gonorrhœal rheumatism is therefore to be classed with the articular manifestation occurring in the course of infectious diseases, such as pyæmia and septicæmia.

In fact, as far as regards our knowledge of the pathology of rheumatism, may it not possibly be due to the presence of a microbe? On the 21st Sept., 1886, during the session of the assembly of the German Naturalists and Physicians at Berlin, M. Zimmerman, of Bâle, made a communication in which he held that rheumatism, no matter what its form as the consequence of infection, is amenable to specific remedies. In 1882, Lesitkon ascer-

tained the presence of the gonococcus in the liquid of a gonorrhœal arthritis. In 1883, Petrom made a similar discovery in the purulent liquid of two cases of gonorrhœal arthritis. In 1884, Kammerer found also the gonococcus in the effusion of two cases of gonorrhœal arthritis. Another complication often met with in the course of blenorhagia is purulent ophthalmia, a formidable affection which may accomplish its destructive work in twenty-four hours, if the disease be not cut short at the outset. Neisser has proved the presence of the gonococcus in the purulent discharge of gonorrhœal ophthalmia. This complication is evidently the result of inoculation of the conjunctiva by the virus, carried by means of the fingers or something which has been contaminated by the gonorrhœal discharge, and the partisans of the theory of metastasis now-a-days but weakly defend this antiquated opinion. De Wecker remarks on the comparative rarity of this complication, in spite of the great frequency of blenorhagia and the carelessness of many affected with it. Especially remarkable is the immunity enjoyed by women. Martineau assures us that in the hospital of Lorraine he has not observed a single case in seven years out of two thousand women. This is a point very difficult to explain satisfactorily.

With regard to treatment, the following points are to be observed in all cases:

(1) Absolute absence from alcoholic beverages of every kind, and especially gin; (2) Sexual indulgence must be strictly forbidden, and attention is to be paid to the prevention of erections which may be often done by the patient having a dish of cold water by his bedside in which to plunge the penis; (3) No pressure is to be made on the canal in order to discover whether the discharge is completely arrested.

With regard to medicines. Copaiba and cubebs, with sweet spirit of nitre, linseed tea *ad libitum*, and 1 gr. opium, with 2 of camphor, at bedtime.

The first mentioned remedies of course should not be prescribed until the acute inflammatory symptoms have in a measure subsided. Styptic or irritant injections should not be used as long as there is pain. Bichloride of mercury, 1 to 20,000, is the injection of the future. In fact, this drug was made use of in 1865 by Kuss, of Strasbourg, before the parasitic theory of the disease had been discovered. At present, Fanté, in Italy, Diday,

Blondeau, C. Paul, and Martineau, in France, are those who more especially rely on this method of treatment. Martineau has found a urethral suppository containing from $\frac{1}{10}$ to $\frac{1}{8}$ gr. of bichloride very useful in women, and in gonorrhœal vaginitis, a solution of 1 to 2,000. The writer had himself found a most satisfactory result from an injection of 1 to 20,000 in a case of gonorrhœal vaginitis which had resisted a variety of treatment.

MEDICO-CHIRURGICAL SOCIETY, MONTREAL.

January 28th, 1887.

J. C. Cameron, M.D., President, in the chair.

Laryngeal Cyst.—Dr. Major exhibited a small fibrous cyst removed from the margin of the anterior commissure of the larynx. Before the operation the voice was harsh, rough and breaking from bass to treble during ordinary conversation. Since the removal of the cyst, however, the voice has been gradually improving, until of late it has become almost normal.

Tumor of the Ovary and Fallopian Tube.—Dr. Gardner exhibited a friable, irregular tumor about the size of a child's head, removed by him a few days before from a maiden lady of 43 years. On opening the abdomen, the tumor of the right ovary and tube was found firmly adherent to the intestines, omentum and floor of the pelvis. The operation was a very formidable one. The patient, however, recovered well from the effects of the operation, having experienced no severe shock, and was apparently making a rapid recovery.

Myxœdema.—Dr. James Stewart read a paper on a case of myxœdema.

Discussion.—Dr. R. L. MacDonnell said that the patient had been under his observation in the General Hospital at different times. It was generally regarded there as a case of tetanus. He had never been able to find that the patient had any tetanic spasms in the hospital, though these were carefully looked for. He did not think that the thyroid in the patient was altogether absent. In many it is difficult to make out the gland by external manipulations. Finally, he asked if Dr. Stewart had ever seen the patient in a tetanic spasm.

Dr. Merrill said he had known the patient some years. He had never seen any tetanic spasms,

but the patient had complained about frequent attacks of severe colicky pains. He was always a very badly-nourished, dyspeptic-looking man.

Dr. Shepherd could not agree with Dr. Stewart's suggestion, that the reason myxœdema or cachexia strumipriva follows excision of the thyroid is because of the disturbing damage done to the sympathetic system, as the affection, so far as he knew, never followed extensive operations in the neck (as removal of chains of enlarged glands and tumors), when the sympathetic trunk is quite as much interfered with as in the removal of the thyroid. When no myxœdema follows the operation of removal of the gland, it is supposed to be incomplete removal.

Dr. Reed asked if Dr. Stewart could give the average temperature of the patient.

Dr. Mills said, To believe that any gland or other organ existed to *prevent* the formation of a substance, whether normal or abnormal, was inconsistent with general physiological principles. True, the removal of certain glands, as the testicles in the young, arrested development, both physical and psychical. In the adult dog, such removal was followed by obesity, which could be largely accounted for by the inactivity of the animal, associated with the psychical shrinkage—the curtailment in the number and variety of the afferent impulses reaching the nerve centres. It had been asserted that after the removal of the thyroid in children there was stunted development, especially intellectually. It is likely metabolic changes follow removal of the thyroid; owing to the influence on the nervous system there is a loss of balance. All healthful life implies balance of function. It was not yet clear how the balance was destroyed by removal of the thyroid; but we were on the way to knowledge, for we had learned, experimentally, that this organ was not a blood-former. If, as had been suggested, the changes following experimental or surgical removal were due to injury to the sympathetic, one would expect to observe vaso-motor symptoms, which had not been the case, though such an objection must not be too strongly urged; for though dilation follows section of the cervical sympathetic, such is not permanent, and if transient, might be overlooked.

Dr. Stewart, in reply, stated that he had seen the patient in tetanic spasms many times. When first seen the patient had an attack. With regard

to the average temperature, it was low—about 97°. The patient always complained of cold. The whole question of the function of the thyroid was still in a very unsettled state. He did not wish to be understood as saying that atrophy or disappearance of the thyroid had nothing to do with myxœdema. There is certainly evidence pointing strongly to both myxœdema and tetany being due to changes in the nervous system.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

April 5th, 1887.

The President, Dr. McCargow in the chair.

Dr. McCargow exhibited a specimen of disease of the vermiform appendix with part of the ileum and gave some history of the case. He also exhibited a specimen of cancer of the penis from a negro æt. about sixty years, of some months' duration, Dr. Malloch removed the penis. In this case the disease had extended high up, and being complicated with a swollen gland in the groin, amputation close to the pubes was necessary. The gland was also removed. To obviate the irritation which would be caused by the flow of urine over the scrotum and adjacent parts, the scrotum was split, the spongy portion of the urethra dissected down to the triangular ligament and brought out in the perineum, the corpora cavernosa cut off close to the bones. The incisions were then brought together with sutures and the necessary dressings applied.

Dr. Malloch also reported two cases of perineal section which occurred during the past week, one from retention due to hypertrophy of the prostate complicated with a false passage. He expressed an opinion in favor of Harrison's method of puncturing the prostate, but not having the necessary instrument, he cut into the membranous portion of the urethra and established communication with the bladder. The second case was one of extravasation of urine, resulting from a traumatic stricture of two years standing. The patient when first seen had not passed any urine for four days. When examined the scrotum was found enormously swollen and the bladder much distended, very little pain was complained of. Wheelhouse's operation was performed. A grooved straight staff was passed into the urethra until it came to the stric-

ture. The incision was then made in the perineum and the stricture divided. The staff then turned so that the knob on the reverse side caught the urethra, and by gentle traction the urethra was put on the stretch; a sufficient opening being made in the urethra, a No. 12 gum elastic catheter was passed into the bladder. The catheter was then bent and the other end passed into the urethra above the stricture and carried up till it appeared at the meatus, the scrotum was then freely incised, to allow the escape of urine, and a large quantity was passed from the bladder through the catheter. The patient is at present doing well.

Selected Articles.

CONSTIPATION.

BY J. J. MILNER FOTHERGILL, M.D.

In the constant round of daily practice the physician commonly encounters cases where the bowels are not properly open. Both sexes and all ages are liable to this undesirable condition. Frequently the constipation is very obstinate, and refuses to yield to the measures employed; or in other cases is only kept at bay by the constant resort to laxatives or even cathartics.

The bowel is not only the recipient of the waste and undigestible matters of our food, but has its own glands, which are not all absorbent. Whether the offensive odor of the feces is due to mere fermentive or putrefactive change in the contents of the lower bowel, or the glands situated thereon lend some of the fœtor, it may not be easy to perfectly determine; but any one familiar with obstetrics knows how, when the foetal head is distending the perineum, the glands situated near the anus can be distinctly felt like so many small shot, and their secretion is as offensive as it is difficult to remove from the hands. The excreta possess an offensive odor which secures their disposal, and thus one good sanitary end is served by the unsavory secretions of these glands. These glands serve to lubricate the mucous lining of the intestine and thus expedite the passage over it of the contents of the bowel.

Any loss of activity in the muscular movements of the intestine will favor the tendency to a constipated condition. This is met with at all stages of life, but perhaps it is most markedly seen in the case of young females. A natural delicacy impels them to avoid the proximity of the closet, and gradually the bowels are taught to carry a greater and accumulating load. The pouches of the bowel become distended, and the feces which pass them

are alone voided, and are of more or less fluid consistency; so that a girl may believe her bowels open, or even think herself the subject of looseness of the bowels, when in reality her abdomen is filled with *faeces*. One untoward result of such chronic constipation in young girls is displacement downwards of the ovaries, and these organs may become glued down to their new habitat by adhesive inflammation. Two unfortunate outcomes of this displacement of the ovaries are (1) sterility and (2) irritable ovary. The most marked case of this kind which ever came under my notice was that of an American lady. For the sterility of course nothing could be done, the ova being hopelessly beyond the reach of the fertilizing *zoöspërma*. For the irritable tender ovaries something could be done, but the effects of treatment were so little satisfactory that the removal of the offending and useless organs was discussed.

Such a condition of chronic overloading of the bowels is furthered by the lack of bodily exercise during school-life. The school-girl is busy with her lessons and absorbed in her work; she scarcely gives a thought to her bowels, and perhaps is rather glad that they do not force themselves upon her attention. The resultant consequences are that the large bowel becomes distended, while the muscular fibres become attenuated, and the bowel becomes incapable of properly unloading itself when the opportunity is offered. The uterus is forced down upon the floor of the pelvis, and, as we have seen, the ovaries may be displaced. Until physiological aspirations arouse the idea of matrimony, and the marriageable age is reached, little attention is given to the physical state; and then a confirmed condition is discovered and one requiring considerable attention and trouble for its removal.

In selecting remedial agents the choice must be guided by the precise requirements of the morbid condition. To restore the muscular activity is as important as to excite the secretion of the intestinal glands. The ordinary catharsis does both, and so sweeps the contents of the bowels out by the anus. But every physician of experience knows well that the recurrent resort to active purgation gives about as unsatisfactory results as well could be attained. In the first place women of all ages bear active purgation very badly. The griping pains are ill borne and depress very acutely. When the bowels are cleared out by a violent action the process of loading up again sets in immediately, and another catharsis is soon required with all its attendant discomfort. In this respect women are closely approximated by men of feminine type. Active purgation is only well tolerated by robust persons. In others it should only be adopted when there is some distinct end to be served by it.

An occasional clearance of the bowel may be desirable; but the treatment should consist of a small amount of laxative materials, taken with

perfect regularity, persistently and steadily. Two classes of laxative agents present themselves for notice: these are vegetable substances and mineral substances. Frequently they can be combined with advantage. For women the vegetable laxatives are best. As compared to men they do not bear well mineral purgatives, whether as natural waters or artificial solutions. Fortunately vegetable extracts readily lend themselves to pill form. The first laxative to come into general use was *rhubarb*. But unfortunately *rhubarb* has a secondary binding tendency following the primary purgative action. Thus, it is unsuitable for habitual use, though this action gives it a peculiar value when the bowels are to be unloaded previous to an operation on any of the contents of the pelvis. (In cases of *diarrhœa* set up by a railway journey, such use of *rhubarb* is most excellent). The persons who adopt *rhubarb* for the relief of habitual constipation are not likely ever to be cured. It has fallen to my lot to see such a case quickly relieved by substituting for the *rhubarb* some other laxative. Next in frequency of resort is *aloes*. *Aloes* acting upon the lower portion of the bowels is in great vogue in constipation linked with *amenorrhœa* (partial or complete). In consequence of this localized action *aloes* in full doses are not exhibited in pregnancy, except from ignorance or criminal intent. *Fordyce Barker* sees a certain utility in this localized action, and has from experience found that the stimulant action of *aloes* upon the area supplied by the hemorrhoidal arteries is good in the piles of pregnancy. Certainly the use of *aloes* in small doses, in combination with other laxatives, is rational practice. A certain amount of *aloes* should form a factor in the remedial agents employed in all forms of constipation in women, whether pregnant or not.

Then, beyond these two familiar laxatives, a host of others, which are more or less in use. *Coccyth*, *gamboge*, *jalap*, *scammony*, *cascara sagrada*, are perhaps those most in vogue. *Castor-oil* is rarely resorted to for constant use; while *croton-oil* might be more prescribed than is at present the case with advantage.

One matter, especially with female patients, must never be forgotten, and that is, to diminish as far as possible the griping pains which activity in the muscular fibre of the intestine sets up. When the vermicular action is roused, violent contraction produces a griping pain very commonly; yet the muscular activity is essential to cure. To prevent this griping it is usual to add carminatives to the laxative; black pepper, cayenne, and the essential oils all possess the property of taking away to a great extent these painful contractions, and so can be incorporated in the pill with advantage. One point must be borne in mind about the griping pains produced by the exhibition of laxative medicines, and it is this: griping may be due to violent contractions of the muscular fibre, which,

however, may be ineffectual and then the remedy is to increase the dose, when effectual efforts bring with them the desired relief. When the patient complains of griping pains it becomes necessary to ascertain whether the bowels are freely open or not; if not, a larger dose must be given. But if the bowels are freely open then the dose may probably be reduced with advantage.

In order to secure more energetic action in the muscular fibre of the intestine it has become usual to add a little strychnia to the habitual laxative; and a very good practice it is. The steady use of such a compound pill will be found in time to put the bowels in a more desirable condition. But—in my experience at least—persons who suffer with habitual constipation lack perseverance. They either contrive to forget their medicine, or they give it up as soon as they are partially relieved, and do not continue it (in lessened doses) until the new order of things is firmly established. And if the palate is offended by the medicine, abandonment of it prematurely is almost certain to happen. Consequently humanity has declared for pills as the form of remedy *par excellence* in constipation.

A good combination would be provided by something of this kind for habitual use:

Strychniæ,	. . . . .	gr. i.
Pulv. aloes,	. . . . .	3 i.
Pulv. piper. nig.,	. . . . .	3 i.
Ext. cascara sagrad,	. . . . .	ʒij.

In pil. xxiv div. 1 bis. indic.

When the bowels have become more regular then instead of a pill night and morning one at bedtime alone would be sufficient; and after a time the pill might be given up entirely, having fulfilled its purpose. If something more potent is required then half a drachm of croton-oil may be added to the pill mass.

Some practitioners are fond of giving hyoscyamus to relieve griping.

Where the condition is not very pronounced a laxative pill at bedtime once or twice a week is sufficient. Where the patient is of a rheumatic nature, or there are deposits in the urine, it is well to add a mercurial to the laxative. Something of this kind would be found serviceable:

Calomel,	. . . . .	ʒ i.
Ext. hyoscyami,	. . . . .	ʒ iss.
Pil. coloc. co.,	. . . . .	ʒ i.

In pil. xii div. 1 p. v. n.

When such a pill is found not quite potent enough it may be well to assist its action by a draught of cold water on getting out of bed next morning—often itself very efficacious. Or some form of purgative water may be preferred, or a seidlitz powder, or some effervescent preparation, of which the name is legion.

If one line of attack fails, then try another. Some victims to constipation try a variety of com-

pounds before they find what they desire. In one case it is a proprietary medicine, in another an orthodox prescription. One old lady who for half a century had been in search of a remedy paid me the compliment of asking me what I could suggest. It was in my early days, and the range of my knowledge was limited, but I hazarded the suggestion that a draught of cold water on rising often proved a very good remedy. She adopted the suggestion with the most satisfactory results, and prophesied a career of usefulness for me.

When something is taken in the morning it is uncomfortable, and for business men in cities well-nigh impossible to have the bowels acting during the day. To secure prompt action it is well to take the dose of purgative water (or its equivalent) with hot water, or tea, or other warm vehicle. This will usually produce the desired effect; and, if taken on getting out of bed, secures the desired operation by the time breakfast is over. When a pill has been taken previously at bedtime the bowels are usually ready to operate soon after the morning draught is taken; and then a motion before breakfast, followed by a second when that meal is over, fits the bilious business man for his day's work. Where a person is depressed and liverish, to sweep all spare bile and all offensive matters out of the intestine is to give a mental cheerfulness which contrasts with the gloom which reigned before.

Where children are subject to constipation something palatable is required. Children, even more than adults, resent what has an objectionable taste. Castor-oil is detested in the nursery, and not without reason. Tincture of senna in a little tea is preferable. But of all forms of laxative a sweet ginger biscuit or cracker containing a few grains of jalap is the least repugnant to the childish palate. It should not be too hot, else the ginger offends. If such a toothsome sweetmeat be granted as a reward for good behavior the ruse will usually be successful; but if a shadow of a suspicion be excited that medicine lurks in the sweetmeat a new line of attack at once becomes necessary. In other cases a little oatmeal or maize porridge to breakfast is enough. At other times some stewed fruit, as figs, French plums, or even ordinary garden fruit, is found efficacious.

With many adults some treacle on whole-meal bread relieves the condition which renders life a burden. The mechanical irritation set up by the particles of bran excites the vermicular action of the intestine, and all is well. Brown bread eaters are common everywhere. When travelling such persons are liable to the presence of their bane because brown bread is not always to be had. It will be well for these individuals to lay in a stock of pills in a travelling medicine chest or the now fashionable compound liquorice powder, or a bottle of some granular effervescent preparation.

When constipation is—as it very commonly is—linked with inadequate action of the liver, the pure laxative should be linked with a hepatic stimulant. In the second edition of my *Practitioner's Handbook of Treatment*, many of the prescriptions were altered, and the sulphate of soda substituted for sulphate of magnesia; the latter being a pure laxative, while the former possesses also a distinct action upon the liver. A certain very august personage is said to repose unlimited confidence in sulphate of soda, and certainly time has fully justified that confidence and demonstrated that it has not been misplaced. Others again find that phosphate of soda, familiarly known as “tasteless aperient salts,” meets their requirements. Carlsbad salts also are in vogue.

The administration of an habitual laxative and the decision as to what agent or combination of agents and what doses shall be employed is one of the trials of prescribing. If the dose agrees at first, in a week or a month it is either too potent or it loses its effect, and then an alteration of the dose or the employment of some other agent or combination of agents becomes imperative. Some persons have to keep “ringing the changes” and going a certain round, once more reverting to some compound that had lost its effect in past times. When a laxative has to be combined with tonics (or any drugs which have to be taken for some time) it is often well to give two prescriptions, one more laxative than the other, and then let the patient arrange the doses as he or she requires. If this gives the patient a little trouble—well, the patient after all is the person who is benefited, and the trouble brings with it its own reward.—*Med. Register.*

THE TREATMENT OF COLDS.

Of all disagreeable constitutional tendencies, the tendency to “catch colds” is one of the most disagreeable to the individual, and besides the unpleasantness there is always the danger that a catarrh may outstep its usual limits and develop into some grave inflammation.

Is the nature of common catarrhs generally understood? To a certain extent I think it is, but not fully. Let me enunciate the broad characteristics of colds. Catarrhs are excited *de novo* by exposure to wet, cold, and draughts. This is a truism. Most frequently they develop in delicate and in highly neurotic individuals, in fact in the classes which furnish martyrs to common neuralgia. I believe moreover that when once a catarrh is properly established the affected person's breath is infectious, in the acute stage of the disease at least. What then is the nature of the affection? (1) Is it a specific poison comparable to that of the infectious fevers? (2) Does the affection start as an idiopathic inflammation and develop a specific poison which is given off by the

breath? (3) Is it of nervous reflex origin purely?

Bürger has discovered micrococci in catarrhal secretions, and they are possibly factors in the affection. Let us suppose that these micrococci or their spores are distributed nearly universally in the atmosphere, and are carried in fomites. Let us suppose them in their usual state to be unable to attack the healthy buccal, nasal or other mucous membranes. Let us presume that there is a condition in which the trophic nerves of those membranes become depressed and lose their tonic action by the action of poor blood, or from the periodical neurasthenia of hereditary neurotics. Here the result of section of the trigeminus on the eye is recalled to one's mind, and the fact pointed out by Snellen that ophthalmia did not ensue if the eye was carefully covered with cotton-wool, thereby to a great extent excluding micro-organisms, before the nerve section was made. Let us suppose that by feeding in such pastures, the progeny of the attacking catarrhal micrococci becomes so virulent as to be able to attack successfully the healthy membranes. We know by Pasteur's experiments the extensive effects of culture on some micro organisms. On these not unreasonable suppositions, then, all the peculiarities of catarrhs are explainable.

Influenza epidemics may be explained by supposing that with large tracts of country all catarrhal micrococci became suddenly virulent, owing to some climatic or telluric fostering cause, or to some law of heredity or evolution of the organisms themselves. This would account for the extensive and sudden outbreaks which, on first view, seem so surprising.

The usual “coddling” treatment of colds, except the very old, very young, or very delicate, is a mistake. A person suffering from a catarrh should certainly be warmly clothed and avoid draughts; but by shutting himself up in a warm room, by taking warm air baths and lowering medicines, he only promotes the development of the exciting cause of the affection.

“Feed a cold, starve a fever.” There is a deal of wisdom in the first part of this advice. A person with a catarrh should take an abundance of light nutritious food, and some light wine, but avoid spirits, and above all tobacco.

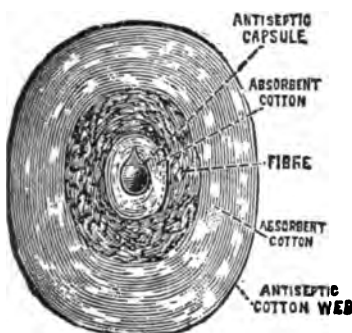
Now as to medicines. All depressants should be avoided. For some time I was in the habit of taking a mixture recommended by Dr. Jukes Styrap, composed of minute doses of morphine, antimonial wine, and potassium citrate. This beyond doubt always subdued the acute inflammatory stage, but I have no hesitation in saying I was depressed by its action, and rendered liable to relapses and renewals. Personally, I have found the large dose of an opiate in the early stages, as extolled by Sir Thomas Watson and Dr. George Johnson, very unpleasant and of but little use.

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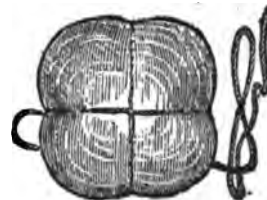


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*ACID PHOSPHATE WITH STRYCHNIA.

R. Horsford's Acid Phosphate . . . f3 viij
Strychnine Sulph. gr. j

M.

Sig: Half to one teaspoonful in a glass of water.

ACID PHOSPHATE WITH QUININE.

R. Horsford's Acid Phosphate . . . f3 ss
Quinine Sulph. gr. xvj.
Syrupi Simplicis f3 ij
Aque f3 vss

M.

Sig: A tablespoonful in a wine glass of water.

ACID PHOSPHATE WITH EMULSION OF COD LIVER OIL.

R. Emulsion Olei Morrhue 50% . . . f3 vii
Horsford's Acid Phosphate . . . f3 j

M.

Sig: A tablespoonful.

*ACID PHOSPHATE WITH WINE OF PEPsin.

R. Vini Pepsine f3 vj
Horsford's Acid Phosphate . . . f3 ij

M.

Sig. A dessertspoonful in water.

ACID PHOSPHATE WITH ELIXIR OF IRON AND QUININE.

R. Elix. Ferri et Quinine
Horsford's Acid Phosphate . . . aa f3 iij

M.

Sig: A teaspoonful in water.

*ACID PHOSPHATE WITH NUX VOMICA AND COMPOUND TINCTURE OF GENTIAN.

R. Horsford's Acid Phosphate . . . f3 vj
Tinct. Nucis Vom. f3 j
Tinct. Gentiane Comp. f3 ij
Syrupi Simplicis f3 iij

M.

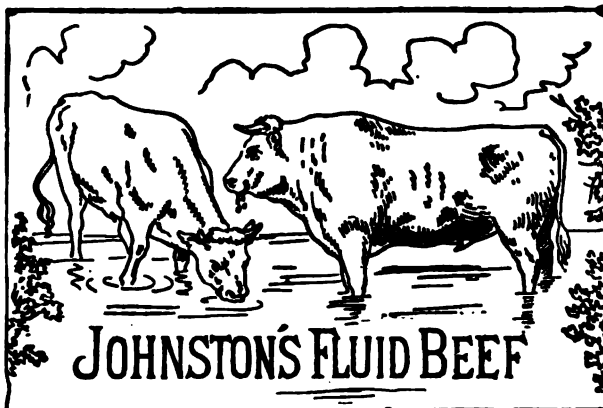
Sig: A tablespoonful in water.

*These combinations are largely used by the Profession.

We do not prepare the Acid Phosphate in any of the above combinations.

Physicians who have not used Horsford's Acid Phosphate, and who wish to test it, will be furnished with a sample, without expense, except express charges, on application to

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Fibrine in a readily soluble form	37.48	Moisture	26.14.

The mineral matter is rich in phosphates. The microscopical Examination shows the Fluid to contain good sound beef, ground to a very fine powder. I consider this a most valuable preparation, combining, as it does, a concentrated extract of beef with the solid beef itself, the latter being in a form easily digested. It is also free from the burnt flavor so much objected to in ordinary extracts of meat. IT IS ONE OF THE MOST PERFECT FOODS I HAVE EVER EXAMINED.

By STEVENSON MACADAM, Ph. D., F.R.S.C., F.C.S., Lecturer on Chemistry—Analytical Laboratory, Surgeons' Hall, Edinburgh, 6th March, 1883.—"I have made a careful chemical analysis of a sample of Beef Powder, manufactured by J. L. Johnston, and find it contains as follows:

Albuminous or Flesh Matter	63.38	Moisture	13.33.
Ash or Saline Matter	10.62	Oils and Fatty Matter	12.77.

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Grosvenor & Richards	0.17	0.264 "
T. W. Heinemann	0.15	0.230 "
Geo. E. Mitchell (Novelty Plaster Works) .	0.05	0.045 "
The Porous Plaster Co. of the Village of Sing Sing, Prop. of Alcock's Porous Plaster, (Star Brand)	0.06	0.062 "

The results of Dr. Prescott's analysis confirm those previously made by Prof. Doremus and Dr. Battershall, and lately by Mr. Wm. Bupp, F.C.S., at their laboratories in this city, and by S. W. Williams, at the laboratory of the College of Pharmacy. Our plasters may, therefore, be depended upon to afford the full and prompt therapeutic effect contemplated by the official formula and expected by physicians. That the same effect cannot be expected from the inert preparations put upon the market by other makers is fully proven by the analysis alluded to, and what is shown to be true of belladonna is equally true of all other goods on the list.

OUR READY-MADE MUSTARD PLASTERS

Are prepared from mustard of the purest and finest quality, and always give perfect satisfaction. They are so packed as to keep dry and retain their strength under all conditions, for an indefinite time; and on dipping them in water they are ready for immediate use. They are also cheaper than the home-made article. Spread on cotton cloth (or paper), in yard rolls, six inches wide, and in elegant tin boxes containing ten plasters. These plasters are in every way superior to all other makes, imported or domestic. The perfection of convenience and efficiency, wholly superseding the clumsy and disagreeable old-style mustard plasters.

DISCHARGED EMPLOYEES AS WOULD-BE COMPETITORS.

We are obliged to issue a word of caution to physicians and the trade, against parties who advertise themselves as manufacturers of plasters, and base their claims to confidence on the assertion that they have, at some time or other, been in the employ of Seabury & Johnson. This claim is usually made to convey the impression that the claimant was our "Superintendent," or occupied some position which made him master of the details of our business, and qualified him to operate works of this class. Thus far among those who have attempted to trade upon their past connection with us are a discharged night-watchman, a foreman of one of our departments, and a former engineer and general mechanic. Not one of these men possesses or can possess the slightest knowledge of pharmacy, and no man has ever left any department of our factory whose services it was worth while to retain. Nearly every merchant, especially if he be also a manufacturer of anything, has had experiences similar to our own, and in view of the facts stated, will readily understand, when offered goods claimed to be made after the formulae or by the process employed by us, that all such claims are spurious, and are made with fraudulent intent, and that the goods will in no way resemble our own, either in their composition or their durability. A fact of which further assurance can be obtained from a careful comparison of analysis of the two makes. We have taken legal steps to protect the trade and ourselves from the fraudulent pretensions of this class of pretenders, which is liable to be increased every time we discharge an employé.

SEABURY & JOHNSON,

Proprietors of the SEABURY PHARMACAL LABORATORIES,
Manufacturers of India-Rubber Pharmacopoeial and Surgical Plasters, Antiseptic Dressings and Absorbents, Bandages, Oiled Silk and Muslin, and Surgical Dressings of all Descriptions.

GEO. J. SEABURY, PRESIDENT.

J. M. PETERS, TREASURER.

ROBERT J. SEABURY, SECRETARY.

Trying to avert an attack by a large dose of potassium iodide failed in my hands. The bromides were useless through all stages. Antiseptic inhalations and spraying afforded temporary relief from the distressing symptoms, but failed to cure.

Belladonna, quinine, and arsenic I have found useful when given separately—not so much in large as in small doses. When combined I believe them to be nearly specific—prophylactically and therapeutically, if I may so speak.

The formula I invariably use is as follows :—

R Quininae sulphatis, gr. xvij.
Liquoris arsenicalis, ℥xij.
Liquoris atropinae, ℥j.
Extracti gentianae, gr. xx.
Pulveris gummi acaciae q.s. ut fiant pilulae xii.

Sig. One every three, four, or six hours, according to circumstances.

If these pills be commenced in the early stage of a common cold, *i. e.*, when the affection is as yet confined to the nose and pharynx, the affection will be nipped in the bud. At starting, one pill should be taken every three or four hours, and later on every six. If a catarrhal subject has a box of these pills always at hand, he has, I believe, a weapon wherewith to meet and defeat his enemy. The longest time I have seen a cold last while the patient was fairly taking these pills was three days. How the remedy acts I do not know, except it be as a powerful nervine and general tonic, bracing the patient's tissues up to resist the attacks of the exciting cause of the affection.—J. H. Whalen, M. D., in *The Practitioner*.

MEDICAL NOTES.

Prof. Bartholow states that styptic collodion is an efficient application to *bleeding hemorrhoids*.

Prof. Brinton is fond of small copper wire coated with silver for *sutures*, especially in parts exposed, as the face.

In *fatty hearts*, with occasional attacks of pseudo-apoplexy, Prof. Da Costa prescribed gr. 1-40 strychnine, three times a day.

In *watery, colliquative diarrhoea*, Prof. Bartholow claims that no remedy is more valuable than sulphuric acid, to which opium may be added if necessary.

In *cardiac asthma* arising from dilatation and pericardial adhesions, Prof. Da Costa, after alluding to digitalis, adonis and the sulphate of sparteine as also appropriate remedies, prescribed five drops of the fluid extract of convallaria, which was gradually to be increased to ten or fifteen drops three times daily.

For local use in *chronic eczema*, Prof. Da Costa prescribed the following :

R Ung. hydrarg. oxidi rubri, ʒij.
Unguent. sulphuris, ʒij.
Acid. carbolic, gr. ii.
Unguent. simplicis, ʒss. M.

Sig.—Apply to affected part.

Progressive muscular atrophy, occurring in a patient having fatty heart, was treated by Prof. Da Costa with—

R Strychninae sulph., gr. ʒi.
Ferri carbonatis, gr. iij. M.
Sig.—Ter die.

Prof. Gross states that he would treat *pneumonia* thus: If seen early, he would bleed the patient until the pulse became soft, and follow this by aconite, veratrum, or gelsemium. He would give an active purge, perhaps of the compound infusion of senna—four ounces. Would combat the hyperpyrexia with quinine or antipyrin, and would place poultices to the chest.

Prof. Bartholow still continues to advocate the use of carbolic acid in *typhoid fever*. He states that no form of treatment has, in his hands, been so successful. It modifies the disturbances of the intestinal tube, reduces temperature and promotes quiet. Two drops of a solution consisting of equal parts of carbolic acid and Lugol's solution may be given every three hours.

Hydrastis canadensis (fluid extract) is an excellent local application in *cervicitis*, *endometritis* and *vaginitis*, the one great objection to its use being its straining properties. In gonorrhoea, the fluid extract mixed with mucilage as thick as can be used by injection, is of much service. It should be retained in the urethra for some time, and the urethra should have been previously cleansed with water or a solution of sodium chloride.

A case of *sciatica*, originating by strain, having persisted for four months and resisted iodide of potassium and colchicum, and having been only temporarily relieved by atropine and morphine, was finally made to succumb to gr. ʒi of aconitia three times daily, prescribed by Prof. Da Costa. The patient became almost immediately much better, the pain disappeared and improvement continued. After a week the remedy was given but twice daily and gradually withdrawn.

Clemen's solution of bromide of arsenic, said by Prof. Bartholow to be the best remedy brought forward for *diabetes*, can be prepared as follows: Boil in eight ounces of distilled water 57½ grs. each of powdered arsenious acid and carbonate of potassium. When cold add sufficient distilled water to make eleven and one-half Troy ounces, and in this dissolve 115 grains of pure bromine. This will need occasional strong shaking for the

first week, and the solution will not be perfect or clear for three or four weeks, when it will then be ready for use. The dose is one drop three times a day.

When stimulus fails to maintain the pulse and heart's action in *typhoid fever*, Prof. Da Costa states that cocaine has given him most satisfactory results. It will sometimes establish convalescence rapidly when, under stimulus, the cases seem to be rapidly failing. A case shown at the Pennsylvania Hospital, which was receiving $\bar{3}$ xij of whiskey in 24 hours, and with no response, began at once to improve on gr. $\frac{1}{4}$ of cocaine every two hours, afterward increased to gr. $\frac{1}{2}$ every third hour; the whiskey at the same time being kept down to $\bar{3}$ viij.

Prof. Gross's favorite prescription for *secondary syphilis* is—

R Hydrarg. ioidid. viridis, . . . gr. $\frac{1}{4}$
Antimonii et potassii. tartrat,
Morphinæ sulphat, aa . . . gr. $\frac{1}{4}$. M.
Ft. pil.

For a cure, take one after each meal; after two days, take two pills after dinner; in a few days, if no bad symptoms arise, increase to three pills after dinner and two after breakfast. Increase until it is found what patient can tolerate; five pills a day about the usual amount. This should be persisted in until all symptoms disappear; then cease for a short time, and then renew with $\frac{3}{4}$ dose. With intervals of a few weeks every two or three months gradually reduce the dose. After two years in this way we may then cease, but keep the patient under observation for eighteen months longer.—*Coll. and Clin. Rec.*

HYDRASTIS CANADENSIS IN UTERINE HEMORRHAGE.

The recorded experience in the use of *hydrastis canadensis* covers more than one hundred cases. Before adding my own, I would state that metrorrhagia especially and menorrhagia have been the determining symptoms for the use of this drug. I would define menorrhagia as a condition of menstruation when the flow, previously normal, becomes profuse, or has always been profuse, when compared with that of women of the same station and time of life, and is evidently too great a loss for the patient to bear. Although nothing, so far as I know, will conceal its unpleasant taste, yet I have given only the fluid extract, in doses of twenty drops three or four times daily in a wine-glass of water, in cases of fibro-myomata, subinvolution, and hemorrhagic endometritis continuously, in other cases of ten days before and during the menstrual period. I have never used *hydrastis* or the other alkaloids, because of the great variations in their strength.

I have used *hydrastis canadensis* in three cases of uterine fibro-myomata.

My conclusions in these and the subsequently enumerated cases are supplemented by the results of treatment in the observations of the writers whom I have already mentioned. *Hydrastis* checks the bleeding from uterine fibro-myomata by the production of persistent anæmia, unaccompanied by the distressing cramps of ergot or the flooding from the alternate contractions and relaxations. So in the cases of small fibroids it is preferable where their expulsion would probably be attended by hemorrhage or septicæmia. We all know that enucleation by the spoon-saw is frequently followed by death, that removal of the ovaries (castration), or removal of what has been termed, curiously enough, the uterine appendages, is generally unnecessary and contra-indicated, aside from the great danger to life, on both social and moral grounds. In face of the experience of the various observers above enumerated, every man, before resorting to abdominal section, should consider that he may needlessly sacrifice a human life.

Of hemorrhagic endometritis I record seven cases, five being cases of endometritis fungosa.

In *hydrastis*, then, we have a sovereign remedy, in endometritis fungosa, even when curetting has failed to arrest the bleeding. I have seen a fatal result from the apparently simply operation of curetting. That there is danger attested by the number of so-called antiseptic curettes to be found in the market. When the use of *hydrastis* no confinement to the bed is necessary.

Sixteen cases of subinvolution of the uterus have been treated by *hydrastis*. All of these patients were examined, and in many instances the uterine cavity measured from time to time. The average duration of treatment was about that of preparation for the operation of closure of the cervix. Had these patients come under my observation a few years before, I should have undoubtedly operated upon the greater portion of them. *Hydrastis canadensis*, then by its faithful use, will often render Emmet's operation unnecessary. We see the uterus becoming smaller, the leucorrhœa diminishing, the erosions healing, the displacements becoming rectified. Apparently it is to this class of cases that Shvestizeneff refers, although he does not apparently recognize a lacerated cervix.

I have treated successfully five cases of climacteric hemorrhage with *hydrastis*. The results obtained in these cases I regard as admirable, and believe we have a valuable remedy in the class of cases, which sometimes are very difficult to relieve. It is only fair to say that I have also used the bromides sparingly and arsenic somewhat vigorously, but I feel positive that, in removing one cause of general anæmia, *hydrastis* has been of great benefit.

Nine cases of pelvic inflammation have come

under my care which have been treated with hydrastis. The more accurate diagnosis will be given with each case. Since I have been using hydrastis in these cases I have abandoned the use of iodine, to some extent that of hot water, and in a measure local treatment. I should even be inclined to use this remedy in pyosalpinx, because by it we can reduce the hyperæmia without producing contraction of the tubes. I have seen too many healthy tubes removed, to operate before having exhausted medical therapeutics, and, further, I have found postmortem that even pyosalpinx can become quiescent, the pus becoming cretaceous, the whole process apparently never having given rise to any symptoms.

Three cases of congenital antelexion have been treated with such marked relief of symptoms that I report them here. In this flexion of the uterus, producing what has been called obstructive dysmenorrhœa, although the worst cases as regards pain and intractability, have been cases with a patent uterine canal, the artificial anæmia has not failed to relieve the cramps, the pain, and generally the nervous symptoms as well. This drug also obviates the necessity of having recourse to the operation of posterior section, which is ordinarily one of the most fatal of all the minor operations. In these cases, if hydrastis is employed, local treatment is entirely unnecessary. I would even go farther and say that, in many cases, an examination can be dispensed with. The only interest that the patient has is that her symptoms shall be relieved; that is the only interest that the physician should have, and, if it can be accomplished without an examination, I regard an examination as entirely unnecessary. I am prepared to say even more, that I would have it the established rule that no examination of an unmarried woman should be made unless with the unanimous decision of a consultation, one of the physicians, at least, to be a general practitioner.

In this paper I have aimed to show that results can now be satisfactorily attained by medical means which were formerly reached only by surgery. I regard every step in this direction to be a decided advance, because it brings gynæcology into the hands of the general practitioner to a greater and still greater extent. To do this is, I maintain, the first duty of the specialist. Before closing, I wish to remind you that disputed questions have never been settled by the specialists and rightly so. They come for their final verdict before the jury composed of general practitioners. The gynæcological question of to day in this: Shall we lead the revolt against needless operations, dangerous mutilations, and unnecessary and debauching examinations, or shall we wait to be driven into line by the outraged sentiments of the profession at large?—Dr. R. W. Wilcox in *N. Y. Med. Jour.*

PROFESSOR VIRCHOW ON CHARCOT'S JOINT-DISEASE.

At the meeting of the Berlin Medical Society, held on November 17th, a most interesting discussion took place on the joint-affection peculiar, as is generally assumed, to tabes dorsalis. The subject elicited a speech, which amounted to an address, from Professor Virchow. The debate was opened by Herr Rotter, who began with these questions: 1. Is the joint-disease (occasionally) found in tabetic subjects a special arthropathy different from all other joint-affections? 2. Is this joint-affection only indirectly connected with the tabes, or is there an intimate causal connection subsisting between them?

Clinically considered, this (Charcot's) joint-disease, said Dr. Rotter, was peculiar in the following respects: Its appearance in a definite stage of the tabetic disease, the so-called prodromal stage; its sudden onset; the absence of inflammatory signs; the analgesia of the deep parts, especially of the bones; the peculiar swelling of the soft parts; and, lastly, the rapid destruction of the joint.

Pathologically, it differed from arthritis deformans, inasmuch as ulceration of the intra-articular structures was enormously in excess of new growth, while the reverse was the case in the latter disease, especially as regards extra-articular bony growth. But this does not necessarily constitute a specific difference, for many authors refer the peculiar character of the tabetic joint-disease to analgesia of the bones, and the want of regulation in the loads they bear, the result being increased liability to injury. Others, again, consider the disease to be a special nervous affection, because, in the first place, it usually precedes all ataxic phenomena; secondly, the process may occur in the upper limbs, which have no abnormal weight to bear; and, lastly, it may attack bedridden people. A specific joint-disease, from direct nervous influence, is here assumed to exist, the affected bones being supposed to have an abnormal liability to fracture and lessened resisting capacity, and the bony alteration being strictly limited to circumscribed parts. This liability to fracture is assumed upon the following grounds: 1. Intra-capsular spontaneous fractures are not seldom found in this disease (the diaphysis being in this case affected, instead of the epiphysis): 2. Microscopical and chemical examination have revealed corresponding changes in the bones; microscopically, a rarefaction commencing centrally, and advancing to the periphery; and, chemically, a decided lessening of phosphorus and calcium carbonate, and an increase of fat. These latter changes are considered primary, and due to special nervous influence, and not merely secondary to the joint-disease. Other joint-diseases in tabetic subjects run their usual course.

Such is the case ably presented by Herr Rotter on behalf of a specific arthropathy in tabetic people. Virchow opposed this view. There was no doubt at all in his mind that the usual causes of joint-affection—mechanical and thermal causes—sufficed to explain the disease. He could not understand how a nervous (trophic) influence, starting from a diseased spinal cord, could be so entirely limited to a single joint. As to the early appearance of the joint-disease, that was both difficult to prove, and also a suspicious statement. Some cases—notably one of hip-joint disease, as to which he had differed in opinion from Westphal—were doubtless due to congenital luxation, or luxation soon after birth. Again, in some cases, disease of the knee-joint followed upon fracture of the femur in the lower third. Others, said to be tabetic, were plainly syphilitic. Indeed, a large proportion of cases assumed to be tabetic had been proved to be due to syphilis. But lastly, there was no doubt that arthritis deformans was the disease to be kept the most in mind. Even the advocates for a tabetic arthropathy allowed that the process was at first one of proliferation, to which a regressive stage (of loss) succeeded. The only peculiarity lay in the quicker course of affairs, and the more startling results produced.—*Brit. Med. Journal*.

DURATION OF THE SYPHILITIC CAPACITY IN RELATION TO MARRIAGE.

In a paper read before the N. T. County Medical Society, February, 1887, Dr. P. A. Morrow formulates the following conclusions on the above subject:—

1. The facts of every-day observation show that there is nothing constant in contagion, nothing certain in heredity. Many men marry with a syphilis in full activity of secondary manifestation and never infect their wives or transmit the disease to their offspring. These negative observations are, however, entirely valueless as a basis for estimating positive results.

2. The modern division of syphilis into secondary and tertiary periods, based upon anatomical forms and processes, does not furnish a safe criterion for determining the contagious or non-contagious character of the lesions.

3. The chronological completion of the secondary stage does not always mark the definite disappearance of the virulent principle; clinical experience shows that late lesions are exceptionally, but none the less certainly, the source of contagion.

4. While in the immense majority of cases the contagious activity of syphilis and its susceptibility of hereditary transmission cease after the third or fourth year, yet well-authenticated observations prove in the most positive manner that these qualities sometimes continue in force much longer

and may be manifest in the fifth and sixth year of the disease, and even later.

5. The aptitude of syphilitic parents to procreate diseased children may persist after the cessation of all specific manifestations; the contagious stage of syphilis is not, therefore, the exact measure of the duration of hereditary influence.

6. The precise date in the evolution of the diathesis, when the syphilitic organism undergoes that radical transformation which marks the limit of its contagious or transmissive power, does not admit of mathematical expression.

7. It is probable that this limit varies in different cases and that many circumstances contribute to advance or defer it.

8. The type of the syphilis, the constitutional peculiarities of the patient, the character of the treatment, the presence or absence of certain conditions which are recognized as factors of gravity in syphilis, all exert a modifying influence.

9. All these elements should be taken into consideration in deciding upon the admissibility of a syphilitic man to marriage; each case should be studied upon its individual merits.

10. The direct paternal transmission of syphilis, without preliminary infection of the mother, may be classed among the most conclusively established facts of medical science.

11. It is, therefore, a dangerous doctrine to teach that the sole risks a syphilitic man introduces into marriage consist in the contagious accidents he may bear upon his person.

12. The arbitrary designation of a limit of three, or at most four years, as perfectly safe for a syphilitic man to marry, with or without treatment, irrespective of the actual existence of specific lesions, is unwarranted by science or the teachings of experience.

The conditions of admissibility to marriage formulated by Fournier are much broader, more scientific, more safe. These demand a mild or medium type of the disease, an advanced age of the diathesis, three or four years at the minimum, and a prolonged immunity, eighteen months to two years, from specific accidents; if these guarantees of safety are further fortified by sufficient specific treatment, a reluctant consent is given; marriage is tolerated rather than advised.—*Jour. Cutaneous and Genito-Urinary Diseases*.

INFANTILE DIARRHŒA.

The key to the solution of the problem of infantile diarrhœa lies, I think, in a knowledge of the conditions for the development of micro-organic life. The tissues of infants are of course much more susceptible to the inroads of organic action than those of adults, and we have it on the highest authority that some forms of life are developed in

the intestines as the result of fermentative processes, or at any rate that they are frequently found; and that they are often found in sub-epithelial spaces, and even in deeper portions of the mucous membrane. This, I am of opinion, from my experience in the treatment of children's diseases, will be found to be of much more frequent occurrence in them than in adults.

I divide the diarrhœa of children, as I do that of adults, into the acute and chronic forms. In the acute form a little carbolic acid with spirits of ammonia as a diffusible stimulant, and with or without grain doses of chloral and minim doses of belladonna, will cure the most urgent cases in a few hours. Thus—

R. Spiritus ammon. aromat. 3 j.
Sol. acid. carbol. . (1 to 20), 3 iss.-3 ij.
Chloral. hydrat., gr. xv.-xx.
Tinct. belladonnæ mxxv.-3ss.
Syrupi 3 ss.
Aquam ad. 3 ij.

M. ft. mist. One teaspoonful every two hours. This mixture cures by the direct antiseptic or antifermentative action of carbolic acid.

In the chronic forms, i.e., those which have existed for more than a day or two, the employment of a *remote* antiseptic is required, for the destruction of those low forms of organic life which have penetrated into the deeper layers of the mucous membrane of the intestine, and which cannot be reached by the *direct* method.

The biniodide of mercury dissolved in iodide of potassium answers admirably for this purpose. I prescribe as follows:

Remote antiseptic or germicide—

R. Solutionis hydrarg. bichlor., . . . 3 ij.
Potassii iodidi, gr. x.-xv.

Direct antiseptic—

Sol. carbolic (1-20), 3ij-3ij.

Diffusible stimulant—

Spirit. ammon. aromat., . . . 3 ss.-3 j.

Sedative—

Chloral hydrat., gr. x v.-xx.
Tincturæ belladonnæ, mxx.

Vel.—Tr. camphoræ co. 3 ss.— 3j—*Sedative.*

Ferri ammoniæ citratis, gr. xv.—*Tonic.*

Syrupi ad. 3 ij.

Misce. Fiat mistura. Signetur: Capiat cochleare unum parvum tertiis vel quartis horis.

I use chloral and belladonna in the more acute cases, and the compound tincture of camphor in those of a very chronic nature, or where there is much pain complained of.

This treatment is also of much service in some cases of diarrhœa in adults, in larger doses and of course with stronger sedatives. I do not at the same time overlook the fact that injudicious feed-

ing of infants is the cause of much mischief. I give instructions in all cases to feed the child at intervals of three hours only, and between the times to give it toast water.—Dr. Illingworth, in *Med. Press.*

HOMŒOPATHY, AS REGARDED BY ONE OF ITS LEADERS.—Jousset, of Paris, is unquestionably one of the lights of homœopathy on the Continent of Europe. His recently published *Leçons de Clinique Médicale* is in some respects a model of its kind. According to this authority, the homœopath of today no longer affirms the mysterious potency of the globule, or the all-sufficiency of the doctrine of similars, but claims to be in the true sense of the word, eclectic.

"Hahnemann and his pupils," he says, "pretended that homœopathy was the whole of therapeutics." This is a complete misconception of the case—homœopathy is but a part of therapeutics; this is a truth which has cost us many execrations from men in our own ranks, but is now held to be indisputable.

The fact is that homœopathy cannot take the place of palliative medication: nor of surgical medication; nor of antidotal medication in cases of poisoning; nor of parasiticide medication, wherever clearly demanded; nor of medication by mineral waters, which often cures where other modes of treatment fail; nor of hydro-therapeutic medication; nor of medication by electricity; nor even altogether of empirical medication. Homœopathy is not everything, and liberal medicine must include all collateral modes of treatment.

Jousset repudiates the allegation that homœopathy is a sect, and affirms that it is simply a branch of medicine which has to do with the therapeutics of certain internal disorders, and not even all of these are amenable to treatment by the law of similars (for example, helminthic diseases). The same writer, who seems to have some following in France, and may be said to represent the advanced thought of his school, gives some pretty hard blows at the advocates of infinitesimal doses, who he intimates have brought discredit upon homœopathy, and affirms that "the school of high dilutionists is losing ground every day, and in France, as in Germany and America, the general tendency is to employ the low dilutions."—*Boston Med. and Surg. Jour.*

INFLUENCE OF DRUGS GIVEN TO NURSES ON THEIR SUCKLING INFANTS.—Dr. Fehling (*Les Nouveaux Remèdes*) discusses this subject and says: 1. *Salicylate of Sodium*: Dose varying between thirty and forty-five grains. Whenever the child is put to the breast one hour or less after the administration of the drug, the salicylate of sodium can be found in the child's urine. After the ex-

piration of twenty-four hours, no traces of it can be found in the urine. The elimination of the drug terminates simultaneously in nurse and child.

2. *Iodide of Potassium*: The same results are obtainable. The milk, if analyzed, gives the characteristic reaction. In the child, the elimination lasts seventy-two hours; in the nurse, forty-four hours.

3. *Ferrocyanide of Potassium*: The reaction is very distinct in the urine of the nurse, but never in the child's urine.

4. *Iodoform*: After prolonged application of iodoform upon wounds of the vagina or vulva, iodine can be recovered from the milk and urine of the nurse, but wholly absent in the child's urine.

5. *Mercury*: The transmission of mercury from the nurse to the mother is very slight and inconstant.

6. The influence of the nurse's diet on the child is illusory; nurses can with impunity eat sour articles (lemons, vinegar) without thereby influencing the child.

7. *Narcotics*: (a) Tincture of opium in twenty to twenty-five drop doses. Thornhill claims to have observed a prolongation of the sleep in infants, while Fehling saw neither prolongation of sleep nor constipation resulting from it. (b) Hydrochlorate of morphine. The drug given in medicinal doses does not influence the child. (c) Chloral. Dose, fifteen to forty-five grains. Average length of sleep produced in nurse, two hours. No effects on the child are observable if it is strong and vigorous. If the child is weak and possibly born before the full term, it is advisable to wait two hours after administration of the drug to the nurse before allowing it to suckle. (d) Sulphate of atropine. Injected in the usual doses hypodermically in the nurse, the drug produces very distinct physiological effects in the child. The dilatation of the pupils taking place in the child does not disappear before twenty-four hours; hence, minute doses of the drug exclusively are permissible. —*Therap. Gaz.*

NEW TREATMENT FOR PHTHISIS.—A new method of treating phthisis has been proposed, but apparently as yet but slightly tried, by Professor Kremianski, who read a paper on the subject at the recent Moscow Medical Congress, which provoked a good deal of discussion. The idea is based, firstly, on the fatal effect of the most dilute solution of aniline on Koch's bacillus, and, secondly, on the fact that aniline seems to be but slightly, if at all, poisonous to the human body. Professor Kremianski proposes to introduce aniline into the lungs, and, indeed, the circulation generally, by inhalation, so that the phthisis bacilli should be bathed in a very dilute solution of aniline, wherever they may be. This, he thinks, would kill

them, and render even pulmonary cavities free from bacilli, so bringing them into the condition of healthy granulation ulcers, which may be expected to cicatrize. A committee has been appointed, including Professor Subbotin and Ostroumoff who expressed themselves at the meeting as strongly opposed to the plan, for the purpose of observing Professor Kremianski's proposed experiments in one of the Moscow hospitals. Two cases in which the aniline treatment had been successfully tried were detailed. A lad of eighteen, who had undoubted phthisis, was ordered a four-drop dose of aniline (but took by mistake three times the proper quantity) combined with nux vomica, mint water, and antifebrin, his diet being, good, including dried meat, kvas, and oranges. He was also given inhalations of atomised aniline. A remarkable change took place almost immediately, all the râles disappearing; his temperature, respiration, and pulse becoming normal. His skin, however, assumed a slightly blue tinge, but whether this was as permanent as the cure is represented to have been is not stated. The second case was a complicated one, there being tubercular peritonitis and meningitis, together with typhoid fever, present at the same time as pulmonary phthisis. Aniline inhalations, washing out the pulmonary cavities with corrosive sublimate and antifebrin, were employed, together with a special acid diet, as in the other cases. Here, too, the results are said to have been remarkably good, the bacilli disappearing from the sputum, and the patient regaining his health entirely. No mention is made in the abstract published by the *Vratch* of any change of colour in this patient's skin. Amongst the various replies that were made to Professor Kremianski, Dr. Zakrzhevski, of Helsingfors, remarked that, admitting the fact as stated, still there was nothing to show that the aniline had been the cause of the cure. He himself had had surprisingly good results in phthisical cases, the disease becoming completely arrested by simply giving increased nourishment and prescribing antipyrin.

ON THE USES OF BORIC ACID.—Dr. J. T. Searcy, in the *Atlanta Medical and Surgical Journal*, writes enthusiastically in praise of boric acid, which as an antiseptic, he says, is better than iodoform, besides being cheaper. The best shape in which to use it is as an impalpable powder. Open wounds, before they are closed, may be freely dusted over with this powder, and compound fractures may be so treated, with often the happiest results. No application so effectually destroys the offensiveness of foul sores. Cancerous and other ulcers are benefited by boric acid, in combination with iodoform or not. It makes an excellent injection for gonorrhoeal inflammations, in the strength of ten grains to the ounce of water for

the urethra, and half an ounce to the pint of hot water for the vagina. Eczema, both in its moist and in its dry stages, is helped by it, as a rule. Dusted finely on itching surfaces, it proves usually a very grateful application. It is almost a specific for ringworm; moisten the surface first, and with the wet hand, or a piece of sponge, rub the powder into the skin firmly once or twice a day. All itching is soon allayed, and the part gradually gets well. Persons troubled with offensive secretions of the axilla or the feet, will find this a very efficient and safe application. A combination of iodoform one part, boric acid two parts, vaseline four parts, makes an excellent ointment for venereal sores.—*Boston Med. and Surg. Jour.*

PERIPHERAL NEURITIS IN TABETIC PATIENTS.—Pitres and Villard. *Neurological Review (Revue de Médecine.)*

1. The peripheral nerves of tabetic patients are very often the seat of neuritis.

2. The neuritis of tabetic patients does not differ in any essential respect from other forms of the non-traumatic affection.

3. Their topographical distribution in the body is variable, for the neuritis may attack the sensitive and mixed nerves and the visceral.

4. In the majority of cases, but not always, the disease begins at the outer extremity of the nerve.

5. Their extent and gravity have no constant relation in respect to age, or the extension or depth of the medullary regions of the locomotor ataxia.

6. It is probable they do not play any part in the production of the specific symptoms of tabes; such as, the lightning-like pain, inco-ordination of movements, abolition of patellar reflex, disorders of the muscular sense, etc. These latter symptoms depend rather upon the condition of the posterior columns of the cord.

7. Certain inconstant symptoms, however, which are added to or complicate the symptomatology of tabes, appear to depend upon the peripheral neuritis; such, for example, as anæsthetic spots in the skin, localized trophic disease of the skin and its dependencies, certain localized motor paralysis, accompanied or not by muscular atrophy, isolated joint affections visceral crises, etc.

THE TREATMENT OF ASTHMA.—If any drug deserves the title of specific in this affection it is potassium iodide. The remedy was first recommended in asthma by Trousseau, but this use of it fell into oblivion for a number of years, to be only recently restored by the publications of Leyden and Germain Sée, the latter of whom recommends its administration with lactucarium. Potassium iodide is of great service, also, in the purulent bronchitis which occurs as a sequel to asthma. In many cases of this condition the

various balsams are efficacious, and Lubinski has observed excellent results from the use of Peruvian balsam combined with myrrh, the former in doses of from a grain and a-half to three grains three or four times a day. If there is really a nasal affection, it should be treated according to its character, and not on any far-fetched theory of its etiological importance. But, in the treatment of asthma, it is of the greatest moment to distinguish true, or primary, asthma—by no means a common affection—from that which is secondary to disease of the heart or lung. We need scarcely say that we have had only the former in view in this writing.—*N. Y. Med. Jour.*

PHIMOSIS IN INFANCY.—In the *Lancet*, Dr. Hett contributes a few remarks on the subject of phimosis in infants. The author suggests the following rule for those who take charge of midwifery cases: To examine every male child within a few days of birth, and if the prepuce can not be retracted by the exertion of a moderate amount of force, to perform circumcision on or about the eighth day after birth. Many an unfortunate little boy is credited with bad temper, and punished for naughtiness, whose irritability is due to neglected phimosis. There is also much reason for thinking that the old habit of masturbation is frequently led up to by a morbidly excitable condition of the sexual organs due to phimosis. Circumcision may be performed by seizing the extremity of the prepuce between the finger and the thumb of the left hand, drawing it well forward, and slicing it off diagonally downward and forward, just in front of the glans. The mucous membrane should then be split along the dorsum, quite up to the cervix, turned back, and retained in position by a narrow strip of dry lint wrapped firmly three or four times round the penis. No sutures are necessary. The lint can be removed in a few days, when generally the wound is quite healed.—*Compend Med. Science.*

TREATMENT OF GONORRHOEA.—(1) Fully explain to the patient the inefficiency of popular remedies, and the dangers attending their use. (2) Secure absolute personal cleanliness, thereby preventing infection of other parts, and insist upon as nearly perfect rest in bed as the exigencies of the case will permit. (3) Soak the penis frequently in water as hot as can be borne, but more especially during the act of micturition. (4) Recommend milk as a diet, and prescribe alkaline diuretics and mineral waters as internal medication. (5) Secure absolute freedom from sexual intercourse and from thoughts associated therewith.

Perfect faith in, and obedience to these simple formula, he insists, will insure a successful ending of all uncomplicated cases before the beginning of the seventh week.—*Dr. Otis, in Med. & Surg. Rep.*

PAPINE.—Dr. Thos. Little, of Spirit Lake, Iowa, in comparing Papine with other forms of opium, says: "I have been using Papine for the past two months. It meets the requirements of a class in which opiates are indicated, but in which the 'remedy is worse than the disease.' One case in particular has given me a great deal of trouble for years. I have tried opium in every form, and many other narcotics, alone and in combination; but constipation, nausea and nervous prostration have been the invariable results. Some two months since I obtained some Papine and commenced on this case with the happiest effect; no nausea, no constipation, no prostration. I have been prescribing it in my practice since with the greatest satisfaction to myself and my patients."

HOW DR. OLIVER WENDELL HOLMES RELIEVED HIS ASTHMA.—In the first instalment of Dr. Holmes' entertaining article in the *Atlantic Monthly* for March, giving an account of his trip to Europe, the experiences of the writer in overcoming his attacks of asthma are related. All kinds of prescriptions were showered upon him, but Dr. Holmes announces that nothing did him so much good as a certain patent asthma-cure made in Providence, R. I. The composition of this is said to be:

R Pulv. lobelia,
Pulv. stramoniae fol.,
Pulv. potas. nitrat.,
Pulv. black tea āā 3 ij

M. and sift.

Some of this is burned and the smoke inhaled.—*Med. Record.*

SALICYLIC ACID AND IRON IN RHEUMATISM.—Dr. George L. Peabody treats his cases of acute articular rheumatism in N. Y. Hospital with the following combination:

R. Acidi Salicylici gr. xx.
Ferri pyrophosphatis gr. v.
Sodii phosphatis gr. v.
Aquæ 3 ss. M.

The dose which is described in this formula is given every two hours until improvement justifies diminution in the frequency, or until constitutional effects are pronounced.—*Epitome*

INEBRIETY.—The French Journal of Hygiene estimates the probabilities of life for moderate drinkers and total abstainers as follows: A moderate drinker at twenty years of age may expect to live about fifteen years; at thirty, twelve years; at forty, ten years; at fifty, eight years. The hope of a total abstainer is, at twenty years, forty years of life; at thirty, about thirty-six years; at forty, about twenty-eight years; at fifty, twenty-one years; at sixty, fifteen years.

BISMUTH SUBIODIDE.—This is intended to replace iodoform. Iodine fused with bismuth forms bismuth iodide. Boiling the latter with water leads to the precipitation of the subiodide as a fine powder. It, like iodol, is said to be inodorous, and yet to be equally as effective as iodoform as an antiseptic.—*London Lancet.*

AGARICIN FOR NIGHT SWEATS.—Young recommends the following combination: R. Agaracini, gr. viij; pulv. ipecac et opii, gr. cxx; althæ pulv., and mucilag. acaciæ, āā, gr. lx. M. et div. in pilulæ, No. 100. S. One or two to be taken at night.

In the Bellevue Hospital the following combination has been used with excellent results: R. Agaracini (Merck's) gr. x; Atropinæ sulph., gr. i; acidi. sulph. arom. M 1200. M. et filter. Dose, 10 minims contain $\frac{1}{10}$ of a grain of agaricin, $\frac{1}{10}$ of a grain of atropine sulphate, and 10 minims of aromatic sulphuric acid. To be given in syrup or simple elixir.—*American Druggist.*

SIR Henry Thompson appeals to the medical public in protest against the use of his name in the advertisements of Friedrichshall mineral water, which he named once in a lecture, twenty years ago, with approval. This was when there were only one or two laxative mineral waters in England, and he no longer endorses the original statement. But the advertisers persist in the use of his name, and he cannot help himself except by an occasional disclaimer in medical journals.—*Boston Med. and Surg. Jour.*

DUJARDIN ON AN EYELASH IN THE ANTERIOR CHAMBER.—The patient had received an injury to the eye and a wound of the globe. By oblique illumination a foreign body was seen directed vertically in the outer part of the anterior chamber of the left eye. The upper end of the lash was slightly curved. The author could find but twenty-nine such cases on record.—*Jour. des Sci. Med. de Lille.*

PRESS me closer, all mine own,
Warms my heart for thee alone.
Every sense responsive thrills,
Each caress my being fills;
Rest and peace in vain I crave,
In ecstasy I live thy slave;
Dower'd with hope, with promise blest,
Thou dost reign upon my breast;
Closer still, for I am thine,
Burns my heart, for thou art mine,
Thou the message, I the wire,
I the furnace, thou the fire;
I the servant, thou the master,
Roaring, red-hot mustard plaster.

—*Burdette.*

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science
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Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet, Toronto."

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TORONTO, MAY, 1887.

The LANCET has the largest circulation of any Medical Journal in Canada.

DEATH FROM CHLOROFORM.

How often we hear the remark, when a fatal result has taken place in the administration of an anæsthetic, that "such a small quantity was given." It is a matter of surprise to the public at large, and we believe to not a few in the profession, that "only a few whiffs" are sufficient to produce death. Now, that such ideas hold their place among the laity is not to be wondered at, but when medical men speak, and even write with the idea that small quantities of an anæsthetic are safer for an operation than profound anæsthesia, it is desirable that a clearer comprehension of the danger of anæsthesia in operations be generally had. Much has been said of the relative safety of the two agents, chloroform and ether. Statistics, as commonly given, do not take into account the fact that chloroform is so much more frequently employed than ether, in Europe at any rate, and the bare fact that a certain number of deaths from each occurs during a stated period of time gives the reader little insight into their relative safety; but of this we have no occasion to speak now.

Our object is to make clear the fact that for the simplest operations, even for the extraction of a tooth, complete anæsthesia should always be induced.

The danger of anæsthetics are chiefly three, viz: paralysis of the respiratory centre, from an overdose, paralysis of the heart, from a too concentrated chloroform vapor, and a "combination of chloro-

form narcosis and shock." As to the first two conditions, they should never occur, and in reality we believe the third is the true cause of the great majority of fatal cases. Now this condition of shock is caused commonly by *incomplete anæsthesia*, and the fatal issue is the result, not of the too liberal use of the anæsthetic as is commonly supposed, but of its too sparing use.

When a painful operation is performed without any anæsthetic at all, the irritation being reflected through the pneumo-gastric tends to cause stoppage of the heart, and a consequent condition of syncope, while at the same time, the same irritation causes, also reflexly, contraction of the arterioles. This raises the blood pressure and thus counteracts the tendency to syncope, caused by the action of the vagus.

Now chloroform does not paralyze all the reflexes at the *same time*, the centre for the arterioles being affected early in the administration, and sooner than the vagus. When a small amount of an anæsthetic has been used then, the reflex centre for the arterioles is paralyzed while the vagus is not affected, or is at any rate but little affected, and the consequence is that the balance between these two counteracting nervous mechanisms is lost, and under the influence reflected through the still vigorous vagus, the heart tends to stop, and not being spurred on by the increased blood pressure, syncope occurs, which may or may not prove fatal. When, however, complete anæsthesia has been induced, the irritation of the sensory nerve, by the operation affects neither the pneumo-gastric nor the centre for the arterioles, both these reflexes having been abolished, and herein lies the safety of complete anæsthesia, namely, the absence of any such untoward effect upon the heart as has been mentioned above, that is the absence of shock. This being understood it is clear, why, even in the most trivial operation, the anæsthesia should be perfect. Not even the extraction of a tooth should be attempted while the patient is only partly anæsthetized. As a matter of fact a large proportion of deaths from chloroform occur during the extraction of teeth, for which short and simple operation, complete anæsthesia is not considered necessary. Ether seems less dangerous than chloroform, when used sparingly, a fact which may be accounted for by its more equal action upon the centres, all being paralyzed by it more nearly

at the same time, and in the same degree than is the case with chloroform.

If then all anæsthetists would insist upon complete anæsthesia before even the simplest operation was proceeded with, we should hear less frequently of the fatal results of "a few whiffs," when death is not really due to the use of the anæsthetic, but to the shock, consequent upon its not being pushed far enough before the operation was begun.

NEW MEDICAL SCHOOL.

A few remarks as to the proposed new Medical Faculty in Toronto University will be pertinent at this time, though perhaps the profession in the country at large is not so deeply interested as some few in Toronto would have us believe. With two efficient medical schools in full blast, many may think the necessity for the establishment of a third is out of the question. Neither Trinity nor Toronto school seems willing to forego the advantages they now possess, and surely the number of men who are being qualified every year is sufficient. As to the efficiency of the medical schools now in existence here, the rank their graduates hold both in the United States and Britain, is an assurance that they are not inefficient. Canadian graduates are generally looked upon in England and Scotland as being well up in their work so far as college training goes, but as a rule have not the same practical knowledge as their confrères who have spent their entire college course at one of the large hospitals in London or Edinburgh. Now the establishment of a new college cannot, so far as we can see, increase the facilities of our students, for clinical instruction or observation. A considerable difficulty in this matter is, that any such establishment of a medical faculty in connection with the University, would *practically* put an end to the affiliation of other medical schools with that institution, which would we think be a misfortune, as regards medical education in this Province. Again, the proposition that the University shall borrow the funds necessary to equip the new school, will not we fear meet with general approval. With two established schools in Toronto, it would be a long time before such a debt would be cleared off, if the fees of the students were the only means at the disposal of the faculty for that purpose.

The existing medical schools have been steadily improving year by year in attendance and equipment. The members of the Faculty of Trinity Medical School alone have spent ten thousand dollars within a short time, in increasing the efficiency of their school. And other schools have been working in the same spirit, so that, to-day, medical education in Ontario is, to say the least, on a solid basis, and such as we need not be ashamed of.

The number of students in medicine, presenting themselves for degrees at Toronto University, has been comparatively small of late years. But this is due largely to the fact that certain subjects are required by the University, which are not in the curriculum of the Medical Council. Any one who knows what the burdens of a medical student's life are, will readily understand, that few indeed are the individuals who will add to their own burdens, or will shoulder those which may be avoided. Comparative anatomy is all very well, and the more a man reads the broader will be his field, but we hold that the mass of medical students in Canada are not in a position to read science for the sake of science, and that the time now required to be spent on biology might be better spent in, say, human anatomy, as indeed it is so spent by all other students than those whose love for Toronto University impels them to accept this additional work, for the sake of possessing her degree, a number, which we are sorry to say, is very small. It is easy for those who have not gone through the work required of a medical student, to philosophize and point out the advantages and beauties of science, etc., but those who have gone through the said work *know*, that with such students as are now coming up for medical education, it is not wise to require this additional work. Let the Senate assimilate the Medical Curriculum of the University to that of the Medical Council, and continue to examine as heretofore in medicine; and there will be no lack of students from every affiliated school, who will be only too glad to present themselves for her degrees in medicine.

CONSERVATIVE SURGERY.

Conservative surgery has been the text for many editorial sermons, and yet it is a fit subject for the pen. Verily there are surgeons and there are sur-

geons. Since our advent into the profession, we have found that there are two schools of surgeons. One in which the underlying principle is the welfare of the patient first and always, without regard for anything else, and certainly far removed from mercenary motive. The other is characterized by what is commonly called bold, daring surgery. Its members being men who look always to their own interests, who have more consideration for the fee than for the welfare of the patient. We have witnessed these so-called surgeons perform operations which were totally unjustifiable, and often uncalled for. We have known operations to have been undertaken when there was not the slightest possible chance for the patient to be benefited. In these cases the operation was performed in order to obtain the fee, and to impress the laity with the boldness and fearlessness of the surgeon. There are cases occurring every day in which limbs, eyes and lives are sacrificed because the surgeon in attendance was desirous of operating, and shut his eyes to all methods of treatment other than the knife. That such things as these are wrong, and that they are detrimental to the whole profession and science alike, there is no doubt. We take it that a surgeon should not be bold and daring. Let him rather be timid. Let him have a due regard for the feelings of his fellow man, and hold at as high a price the lives and limbs of his patients as he does his own. Let him be slow to mutilate by the removal of a member, and when by all authority, by his experience, and upon his honor as a humanitarian, it is necessary to remove a part, then he can be bold and daring without discredit to his calling. The surgeon who will operate simply to gain the fee and credit for the performance of an operation, when he is not positive that he thereby increases the chances for life, or relieves suffering, is unworthy the name of surgeon, and is a discredit to his noble science.

Professor Verneuil says: "Of one hundred possible operations, twenty are imperatively necessary, twenty are absolutely inadmissible, and the remaining sixty may be performed or not according to circumstances, and surgeons may and do err in each of these classes of cases."

The death of Dr. Arthur Farre, F.R.S., London, Eng., at the age of 75 years, is announced in our exchanges.

ONTARIO MEDICAL ACT AMENDMENTS.

The Committee of the Medical Council has at length succeeded in carrying through the House certain much needed amendments to the Ontario Medical Act. We congratulate the Council and the profession of Ontario upon the fact that power and authority have been given to deal with those registered practitioners who disgrace the profession of medicine by unseemly advertisements, and the most flagrant quackery. It was certainly not asking too much from the legislature to give power to the Council to exercise some wholesome discipline upon members who are "guilty of infamous or disgraceful conduct in a professional respect." The Law Society has had for years a somewhat similar provision on the statute book, and has acted upon it from time to time when necessity arose, and no injustice can be shown to have been done to the humblest member in consequence. So we trust it will be with regard to the power given to the Ontario Medical Council. We have not the slightest reason to fear that this power will ever be abused, but rather that it may become a dead letter, owing to the difficulty of defining what shall and what shall not constitute "infamous and disgraceful conduct." The penalty to be inflicted upon any licensed practitioner found guilty of the above charge shall be the erasure of his name from the Register of the College. For the purpose of exercising this power, the Council shall appoint a Committee of their own body, consisting of five members, three to constitute a quorum. Power is given the Committee to call witnesses, examine the same under oath, to cross-examine and otherwise to constitute itself a court of competent jurisdiction for the purposes of the Act. The right of appeal to any judge of the High Court of Justice, for Ontario, within six months from the date of erasure of his name from the Register, is given the defendant.

Clause I. of the Act, in reference to College representation, has been amended by enacting that only those colleges which shall establish and maintain a Medical Faculty in connection therewith, shall be represented in the Council. Another important clause has been added, viz.: that no registered medical practitioner shall be liable in any action for malpractice unless such action be commenced within *one year* from the date of such

professional services. The clause of the Bill relating to the payment of medical witness' fees at the rate of \$5 per day and mileage was struck out on the third reading. It was objected to on the ground that it was class legislature.

TRINITY UNIVERSITY, TORONTO.—M.D., C.M., Jas. McLurg, *Gold Medal*; J. B. Reid, *Silver Medal*; A. Bradford, A. E. Yelland, H. C. Phillips, O. G. Niemeier, J. M. Thompson, W. J. Stevenson, B. Hawke, H. R. McCullough, A. Lawson (*Honors*). A. D. Graham, A. J. Stevenson, W. A. Fish, W. A. Shannon, eq.; C. H. McLean, C. R. Staples, J. H. Hoover, M. J. Keane, D. Mitchell; W. Newell, R. R. Hopkins, W. D. Scott, eq.; R. McLennan; L. P. Booth, S. H. Quance, eq.; A. Y. Scott, 70 per cent. W. Babbitt, J. C. C. Grasett; F. O. Lawrence, M. J. Glass, eq.; T. A. Amos, U. N. Thornton, D. P. McPhail, A. Thompson, R. R. Ross, J. A. Phillips, J. W. Shillington, A. E. Mackay, J. W. Ross, Mrs. A. L. Pickering, A. B. Foster, E. Clouse, F. L. Shaffner, E. Spencer, W. B. Nesbitt, 60 per cent. A. Myers, T. S. Phelps, W. H. Clarke, Miss A. McLaughlin, D. Bechard, P. J. McDonald, D. W. Kester, 50 per cent.

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Primary. J. M. McFarlane, J. Crawford, H. W. Armstrong, H. Becker, H. C. Elliott, J. H. C. Fisher, G. K. Mark, W. J. Milne, H. D. Quarry, W. R. Wade, J. G. Wiley (*Honors*). W. E. Harding, J. R. McCabe, J. P. Ogden, H. A. Turner, 70 per cent. U. E. Bateson, W. W. Birdsall, John Brown, P. Brown, H. Chapple, D. K. Crossthwaite, A. T. Emerson, F. F. Ferguson, J. M. Henwood, W. Kerr, D. McLeod, T. J. McNally, J. M. G. Millman, T. J. Moher, H. J. Mullen, W. W. Nasmyth, T. C. Patterson, J. T. Rogers, D. A. Rose, F. G. Sauter, R. J. Wade, H. W. Wilson, 50 per cent. J. C. Auld, T. G. Bateman, O. M. Berdan, M. C. Dewar, H. C. S. Elliott, T. A. Fitzgerald, F. H. Johnston, A. J. Macaulan, H. Mason, J. H. McFaul, jun., T. C. Patterson, A. E. Wills, R. J. McDonald, W. L. Bain, E. R. Bishop, J. Cowan, J. D. Deacon, A. E. Edgar, C. H. Hamilton, E. S. Jackson, H. W. Jeffs, J. H. O. Marling, P. J. McDonald, J. H. McFaul, sen., A. McMeans, B. Z. R. Milner, 50 per cent.

Scholarships.—*First Year*: F. C. Clarke, *1st Scholarship*, \$50; C. B. Carveth, *2nd Scholarship*, \$30; J. N. Sifton, *3rd Scholarship*, \$20. *Physiology Prize*; C. B. Carveth, \$25. *Second Year*: J. M. McFarlane, *1st Scholarship*, \$50; J. Crawford, *2nd Scholarship*, \$30.

MCGILL UNIVERSITY, MONTREAL.—M.D., C.M., E. Evans, *Holmes Gold Medalist*; H. A. Lafleur, *Prizeman*; J. Creasor, *Sutherland Gold Medalist*; A. F. Garrow, *Prizeman in the Primary*; W. H. Abern, J. A. Berry, E. H. Blackader, S. W. Boone, W. Bowen, Jay Boyd, K. Cameron, W. Christie, A. M. Cowie, J. A. Dickson, C. L. Easton, C. J. Edgar, W. E. Ellis, E. J. Evans, J. D. Flagg, E. W. Fillmore, J. M. Fraser, A. W. Gardner, A. G. Hall, W. Hall, A. L. Hamer, J. W. Johnson, J. A. A. Kelly, A. M. Lafferty, H. A. Lafleur, W. F. Loucks, A. D. Macdonald, A. L. McDonald, D. D. McDonald, H. McKinnon, V. H. Morgan, T. J. Norman, J. A. Porter, J. C. Potheir, E. Reavely, G. C. Richardson, D. L. Ross, J. M. Scott, D. J. Scully, G. C. Stephen, H. E. Trapnell, P. H. Warneford, H. P. Wilkins, E. P. Williams, A. A. Young.

VICTORIA UNIVERSITY.—M.D., C.M., O. R. Avison, J. Appelbee, J. J. Brown, J. M. Cameron, D. A. Dobie, H. P. Galloway, T. H. Halstead, J. A. Palmer, W. R. Shaw (*Honors*). W. Armstrong, S. G. Barton, J. Bell, A. E. Collins, C. R. Charteris, E. Campbell, W. H. Clapp, E. J. Free, W. R.

W. J. Glassford, O. Groves, A. J. Hunter, H. R. Hay, M. J. Mullock, J. H. McCasey, A. M. McFaul, C. F. Moore, A. H. Perfect, P. J. Rice, D. Sinclair, G. H. Shaver, G. R. Stockton, J. C. Smith, G. Stewart, M. Tovell, W. J. Walsh.

Primary.—R. R. Anderson, J. A. Greenlaw, R. G. Howell, — Hart, A. G. Montgomery, S. T. Rutherford, H. Wallwin (*Honors*). W. Almas, J. J. Broad, W. C. Barber, J. A. Cross, J. Carruthers, W. Ogbert, W. H. Groves, W. C. Gilchrist, A. J. Harrington, A. H. Holliday, D. Henderson, S. McKibbin, J. A. Millican, D. McKay, J. C. Patton, J. H. Reid, J. A. Ross, A. J. Reynolds, F. N. Starr, P. W. Thompson, T. S. Webster, H. A. Yeomans, — Young.

**In three or more Subjects.*

ONTARIO MEDICAL ASSOCIATION.—The meeting of this Association, in June, to be held in Toronto, is expected to be more than usually interesting. In addition to the gentlemen named in our last issue, the following have signified their intention of being present and taking part in the proceedings, Dr. Lett, of Guelph, "Relation of Insanity to Masturbation; Dr. Oakley, Streetsville, "Repair of Nerves," Dr. Price Brown, Galt, "Injuries to the Elbow Joint," Dr. Ryerson, Toronto, "Ophthalmic Epilepsy," Dr. R. W. Powell, Ottawa, "Pelvic Hematocoele, and Some Observations on Diphtheria," Dr. Packard, of Philadelphia, "on The Views of some of the Surgeons of the Last Century and our views of them," Dr. Porter, of New York, "The Etiology and Pathology of increased body heat in Relation to Disease, and the use of Antipyretics." Others have been promised, but the subjects have not yet been sent in to the Secretary. The Annual Circular Letter will be sent out with the R. R. certificates next week.

PICRATE OF AMMONIA IN MALARIAL DISEASES.—Dr. H. Martyn Clark (*Lancet*) says he has used the above remedy in India during the past four and a-half years with excellent results. He has treated over 10,000 intermittent fever cases with so much success that he has substituted it entirely for quinine and the alkaloids of cinchona. Out of 5,000 cases, of which a record was kept only nine were not cured by this remedy, which nine cases were however rapidly cured by quinine. He recommends half a grain four or five times a day in pill form as the average dose. He says: My experience leads me to the conclusion that in all varieties of intermittent fever, and in malarial

neuralgias, picrate of ammonia is a valuable anti-periodic, and it is an efficient and perfect substitute for quinia. It has the following advantages over quinine:

1. It is much less expensive. This is an important consideration where, as in Indian practice, hundreds of cases of malarial diseases have to be treated annually.

2. The dose given is very much smaller.

3. It does not produce the unpleasant effects that quinine does—headache, deafness, tinnitus, etc.; nor does it disorder the digestion or cause nausea, as quinine is apt to do in the doses in which it has to be given in India. He regards it as inert in remittent fever, as also in the enlarged spleen of ague.

UNIVERSITY COLLEGE, LONDON. — We call the attention of our readers who were educated at University College, London, to an appeal for funds to rebuild the Hospital, which appears in our advertising columns. Those who recollect the old building, will have no difficulty in understanding that it must be rebuilt, to enable it to provide for the increasing demands of the medical school. The Council of University College are resolved to build a hospital on an enlarged site, which shall be an exemplar in construction and arrangement for the treatment of the sick and the study of disease. It is in contemplation to dedicate a ward in the new building to former students of U. C. who are settled in the colonies, and to subscribe their names, in a long list it is hoped, in their memory. The number of patients treated has and is still increasing rapidly. The number of in-patients in the last fifteen years has advanced from 1,600 to 3,000 annually; the out-patients from 8,900 to 12,700, and the casualties from 7,000 to 20,000 in the like period. We trust that old University College men will assist in the education of their successors, by liberally responding to the appeal of the Council.

PRURITUS ANI.—Mr. Banks, of Liverpool, says: There is a method of treatment which I do not think is spoken of in books, but which I have tried in two or three cases with great success. This consists in anæsthetizing the patient, and then with the big bulb of a thermo-cautery, heated to a white heat, lightly running over the whole

affected surface so as to produce a superficial burn. This seems a rather severe remedy, but then the disease is sometimes a very dreadful one, and makes the lives of its victims almost intolerable. Now, the look of the cautery is much worse than the reality, and a bit of lint kept moist with a solution of carbonate of soda soon takes the smarting away. I do not know if others have tried this plan, but it is an excellent one, and may be resorted to with tolerable confidence in aggravated cases. Deep cauterization is not required; merely a superficial frizzling.

MORPHINE IN POST-PARTUM HEMORRHOIDS.—Dr. M. S. McMahan writes to the *N. Y. Med. and Sur. Jour.* that he has successfully used the following plan in post-partum hemorrhage for the last fifteen years. On finding the surface of the patient pale, the extremities cold, with profuse hemorrhage, he at once injects hypodermatically from ten to fifteen minims of Magendie's solution of sulphate of morphine. This will invariably, and within a few minutes, produce a flushed surface, warm extremities, and a stopped or much diminished flow. He adopts no other means—no styptics, no cold compresses, and no foolish plugging.

RAPID DILATATION IN DYSMENORRHOEA.—Rapid dilatation of the cervix by instrumental means, in cases of dysmenorrhœa and sterility, is strongly recommended by Dr. Goodell. He finds it much more satisfactory than tents. In one case where the dysmenorrhœal pain was so severe that two physicians were in attendance giving chloroform for forty-eight hours, a single dilatation effected a cure. "No serious symptoms," he says, "have ever followed, though the dilatation is carried to the extent of an inch or an inch and a quarter. In four or five cases lacerations have resulted, but never of sufficient magnitude to require a suture."

NOCTURNAL ENURESIS.—Dr. Harkin (*Prov. Med. Jour.*) says he has given up belladonna and potash in the treatment of the above, and has adopted derivatives and revulsives, such as dry and wet cupping. He applies a blister 3 inches long by 2 wide to the neck, as close to the *foramen magnum occipitale* as possible. The application of one blister is usually sufficient. He regards the emp. lyttæ or the lin. cantharidis as the best agents to use. In obstinate cases, as in adults, and especially in females, the process requires to be repeated after a

few months, owing to a re-appearance of the trouble, and "dry or wet cupping may be requisite to complete the cure."

IMPURE ICE.—The New York State Board of Health, in a report on the dangers of contaminated ice, draws the following conclusions: Ice formed in impure water has caused sickness; it may contain from 8 to 10 per cent. of the organic matter dissolved in the water, and in addition, a very large amount of the organic matter that had been merely suspended or floating in it; it may contain living animals and plants, ranging in size from visible worms down to the minutest spores, and the vitality of these organisms may be unaffected by freezing.

EPISTAXIS.—Dr. Patrick says (*N. Y. Med. Jour.*) he has always succeeded in arresting the hemorrhage in epistaxis, by bandaging each thigh close to the body, tight enough to prevent the venous circulation, without interfering with the arterial; the arms may also be bandaged. The tension in the bleeding vessels is thus lowered by a large amount of the blood of the body being confined in the extremities, and the bleeding stops. The bandages should be left on long enough to allow pretty firm clotting to occur, and removed gradually and one at a time.

HAGER'S CATARRH REMEDY.—The *Therap. Gaz.* gives the following: The formula recommended by Dr. Herman Hager is as follows: Of carbolic acid, ten parts; alcohol, ten parts; water of ammonia, twelve parts; distilled water, twenty parts. Take two-ounce wide-mouthed bottles, fill them to one third with the above liquid; then introduce a bunch of (absorbent) cotton of sufficient size to soak up all the liquid; to be used in incipient cold in the head, coryza, chronic catarrh, etc. A stronger preparation, also recommended by Dr. Hager, is the following: Carbolic acid, ten parts; oil of turpentine, five parts; alcohol twenty parts. To be used in the same manner as the preceding. Hager recommends those as prophylactic against diphtheria. He advises all those who handle and are about patients suffering from diphtheria or phthisis, to place a vial with this *olfactorium* to the nose when they approach the patient.

RADICAL CURE OF HYDROCELE.—Dr. J. K. Murray writes to the *Brit. Med. Jour.* that J. J., aged 70, had a hydrocele which had been tapped repeatedly during the last five years. On the last occasion iodine had been injected, but the fluid began to re-accumulate in less than a month. In

July, 1886, two drachms of pure carbolic acid were injected after tapping. There has been no re-accumulation yet, though four months have elapsed.

COCAINE WITH LANOLIN IN BURNS AND SCALDS IN THE SECOND DEGREE.—Dr. Ernest Wende recommends (*Buffalo Med. Press*) the following as grateful and cooling :

R. Cocaini mur. 2 parts.
Aq. destill.
Lanolini, aa. 17 parts.
Cetacei, 4 parts. M.

SPECIFIC FOR DIABETES.—The Paris correspondent of the *Lancet* writes, that M. Martineau recently stated that he has cured 67 of 70 diabetic patients whom he has had occasion to treat during the past ten years, by the administration of a solution of carbonate of lithia and arseniate of soda in aerated water, to the exclusion of all other drinks. The patient uses this at meals as at all other times.

TRANSMISSION OF CHOLERA FROM MOTHER TO FŒTUS.—Lizzoni and Cattani, of Bologna, says the *Brit. Med. Jour.*, have recently demonstrated the presence of the bacillus of cholera in the blood of a five months' fœtus, the mother having aborted on the third day of an attack of cholera. They hold that the transmission of cholera from the mother to the fœtus takes place by means of the blood.

LOCAL APPLICATIONS IN ERYSIPELAS.—Dr. Archangelski says he finds the following are efficacious in this disease. The remedies are arranged in the order of merit: (1) benzoic acid; (2) tincture of iodine and turpentine as an ointment; (3) sulphate of copper; (4) sulphate of iron; (5) oxide of zinc; (6) naphthalin; (7) solution of the bi-chloride 1 to 300; (8) chloride of zinc; (9) iodo-form.

AN INJECTION FOR FŒTID LEUCORRŒA.—The "Union Médicale" gives the following formula :

R. Potassium chlorate, . . . 13 parts;
Wine of opium, 10 "
Tar water, 300 "

Two or three tablespoonfuls are to be added to a quart of warm water as a vaginal injection and lotion.

A NEW PARASITE IN BEEF.—Wolf has found in the intermuscular connective tissue of the flesh of oxen a parasite which is apparently the larval form of an ascaris. It is encysted like trichinæ, but is somewhat larger, and is nearly spherical in shape.

TEST FOR BILE IN URINE.—The *Med. Summary* says that a few drops of chloroform added to the suspected urine, and agitated, forms a ready, delicate, and certain test for bile. If none be present the test fluid remains limpid, but otherwise it becomes turbid, and acquires a yellowish hue, the depth of which is proportionate to the amount of bile present.

DYSMENORRŒA.—Dr. Payne recommends (*Therap. Gaz.*) the following :

R. Pulv. camphoræ, gr. x.
Pulv. Doveri, gr. xx.
Ext. hyoscyami, gr. x.
M. ft., pil. x.

Sig.—Two pills every two hours till pain ceases.

THREATENED ABORTION.—We take the following from the *Med. Reg.* :

R. Morph. sulph., gr. iss.
Ext. viburn. prun., 3 iss.
Vini portense, 3 iss.—M.

Sig.—3ii in water every hour.

AMENORRŒA.—Dr. Poulet says the following is a very certain emmenagogue :

R. Acidi Oxal. gr. xxx.
Syr. Aurant. 3 ii.
Aquæ, 3 vi.

S.—3fs ever hour.

LICENCE COMMISSIONERS.—The following gentlemen have been appointed Commissioners under the Liquor Licence Act, Ontario, in their respective districts: Drs. A. Robillard, A. McLean, P. McLaren, A. Rockwell, E. C. McNichol, J. McBain, C. M. Gould.

BISHOP'S MEDICAL COLLEGE, MONTREAL.—The following are the names of the recent graduates in medicine, W. E. Fairfield, R. Campbell, A. P. Scott, A. E. Phealan, J. M. Roehler.

NITRITE OF AMYL IN AFTER-PAINS.—Mr. Kemble, writing to the *Lancet*, says he has had good results in after-pains by allowing the patient two or three

inhalations of nitrite of amyl when she felt the pain coming on. He has also used it in the sickness of pregnancy, and in obstinate cases of dysmenorrhœa, without a single failure or bad result.

WOMAN'S MEDICAL COLLEGE, TORONTO.—Dr. McPhedran has been made Dean of this faculty; Dr. Peters takes physiology, and Dr. J. Caven, pathology.

APPOINTMENT.—Dr. E. B. O'Reilly has been appointed House Surgeon to the Winnipeg General Hospital.

BRITISH DIPLOMAS.—Mr. George Snider Paterson, of Toronto, has recently passed the examination in the Science and Practice of Medicine, Surgery and Midwifery, of the Society of Apothecaries, London, and received a certificate to practise.

URTICARIA—Lassar gives 24 grain doses of salicylate of sodium every 2 hours until 3 doses have been taken, and says he thus cuts short the attack of this troublesome malady.

BUMSTEAD relates that Ricord used to say to his students: "Gentlemen, if I am to go to—well—the bad place, I know what my punishment will be. I shall have a lot of fellows with the gleet standing round me with their lamentations, their importunities, and their prayers to make them well." Bumstead adds: "This *mauvais mot* but faintly indicates the annoyance which a case of gleet often gives both to patient and surgeon."

HYOSCINE has become a prominent remedy for diseases of the nervous system, particularly acute mania. It is a hypnotic and powerful sedative. The dose should be very small at the commencement of the treatment in nervous disorders, as some persons are quite susceptible to its poisonous influences. $\frac{1}{10}$ of a grain is a fair dose of hyoscine.

An excellent local application (*Med. & Surg. Rep.*) for "swelled testicle" is a paste formed of equal parts of bismuth and water. It removes the pain at once, and gradually reduces the swelling.

DR. MENIERE gives an enema of warm water containing 30 grains of choral, for the violent pains which in some women precede the menstrual flow.

Books and Pamphlets.

A TEXT-BOOK OF PATHOLOGICAL ANATOMY AND PATHOGENESIS. By Ernst Ziegler, of Tübingen. Translated by Donald Macalister, M.A., M.D., St. John's College, Cambridge. Three parts complete in one volume; 289 illustrations. New York: W. Wood & Co. \$5.50.

This may be said to be not only a new work, but also a modern one. A great part of the text is based upon observations made or verified by the author. Although somewhat dogmatic in style, it is upon the whole a most excellent treatise on this subject. Its value has also been greatly enhanced by the addition of references to the literature of the subjects discussed, and other addenda by the translator. The work is well illustrated, and will be found to be an admirable text-book for practitioners and students. We commend it to the favorable attention of our readers.

A COMPEND OF SURGERY FOR STUDENTS AND PHYSICIANS. By O. Horwitz, M.D., Dem. Anat., Jefferson Medical College. Third edition. Philadelphia: P. Blakiston, Son & Co.

A COMPEND OF OBSTETRICS FOR STUDENTS AND PHYSICIANS. By H. C. Landis, A.M., M.D., Prof. Obstet., Starling Medical College. Third edition. Philadelphia: P. Blakiston, Son & Co.

The above mentioned books are denominated "Quiz Compenda," although the latter only is written in the style of question and answer. These works have received the most kindly criticism from the press, and the fact that they have passed through three editions within a short period, shows that there is a considerable demand for such compends. Some are utterly opposed to all compends, as tending to superficiality and cramming; and while this may be true to some extent, yet the fact remains, that much may be gleaned from small and convenient pocket companions, such as the compends before us. The work on surgery is very well illustrated for so small a work.

Births, Marriages and Deaths.

In Ingersoll, on the 20th inst., Dr. J. J. Hoyt, aged 65 years.

On the 15th February, F. D. Walker, M.D., C.M., of Cardigan Bridge, P.E.I., aged 26 years.

On the 9th ult., Dr. Benham, of Princeton, Ont., aged 50 years.

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Original Communications.

REMARKS ON THE TREATMENT OF GONORRHOEAL OPHTHALMIA.*

BY F. BULLER, M.D.

Professor of Ophthalmology, McGill University.

The developments of bacteriology have given a new impetus to the therapeutics of eye diseases, and especially to the search after remedies suitable for the cure of the more severe forms of inflammation of the conjunctiva. Of these, the acute purulent ophthalmia caused by contagion of gonorrhoeal virus is undoubtedly the most dangerous and destructive. The severer cases of ophthalmia neonatorum might, perhaps, all be placed in the same category, and although we still, unfortunately, meet with many cases of loss of sight in one or both eyes from this affection, it is something to know that such a result is almost always due to neglect or improper treatment, for in the hands of competent ophthalmic surgeons a cure of this disease without loss of vision is, as near as may be, a matter of certainty. Not so, however, in gonorrhoeal ophthalmia of older persons. Up to the present time, so far as I can ascertain, no plan of treatment ever yet suggested will prevent great impairment or total loss of vision in a large percentage of such cases.

A review of the literature on this subject during the past five years would show an extraordinary divergence in the views of skilled therapeutists in regard to the treatment of this disease. Some use hot applications from the outset; others, constant cold applications until the inflammatory process is well on the decline. Some begin, continue and end with caustics and astringents; others eschew

them entirely. Some employ caustics and antiseptics; others, antiseptics without caustics or strong astringents. Only on one point all are agreed; that is, the necessity for frequent cleansing of the diseased eye. And most are agreed as to the expediency of protecting the fellow eye by some mechanical contrivance, if only one be affected.

Latterly there is a growing tendency to employ such remedies as are known to have powerful antiseptic properties. A complete list of the remedies more or less in vogue on account of their supposed efficacy in this direction would be a very long one. I will mention only those I have seen most frequently recommended in current literature. They are quinine, chloral, boracic acid, oil of cade, resorcin, red oxide of mercury, peroxide of hydrogen, salicylic acid, salicylate of soda, iodol, binoxide of mercury, carbolic acid, iodoform, and perchloride of mercury. Of these, the last three take the highest rank, and in the order given. There are plenty of cases recorded where acute purulent conjunctivitis, treated chiefly by one or other of these agents, has terminated satisfactorily, and sometimes the cure has been astonishingly rapid, but as yet no one has dared to vaunt them as specifics; this could only be done after a long series of the most virulent cases had been treated with uniform success. Such a series has, so far as I am aware, never been published, and if it had, I, for one, would remain sceptical until positive proofs of its truthfulness were furnished. Nevertheless, I have strong hopes we shall achieve such a result in time. As yet, the treatment of conjunctival inflammations by so-called antiseptics must be regarded as a promising method still in its infancy. Assuming, for the sake of argument, that the various forms of conjunctivitis are characterized by, and perhaps dependent on, the presence of certain forms of micrococci, no one will pretend to say that we know all about these organisms from a therapeutic standpoint. What, for instance, are their differences in vitality or in their power of resisting germicide agents? Can we ever be sure of reaching them in such a structure as the conjunctiva so thoroughly as to destroy them without destroying the tissue in which they are working mischief. As long ago as 1881, A. Gräfe attempted to define the usefulness of antiseptics in diseases of the conjunctiva,

*Read before the Canadian Medical Association, at Quebec, August, 1886.

and recommended (1) as a prophylactic, (2) in the beginning of contagious affections, and (3) where the disease tends to a croupous or diphtheritic character rather than a simple blenorrhœa.

In 1882 Lubrecht cleansed the eyes (in gonorrhœal and ophthalmia neonatorum) with dilute corrosive sublimate solution, and found it beneficial, though it did not check the disease.

In 1884, Reich recommended weak solutions of corrosive sublimate as a disinfectant in blenorrhœa and other contagious affections of the conjunctiva, but he used strong solutions (1 to 3 grains to the ounce) in the treatment of granular ophthalmia, washing off the lids before replacing them, as in using strong solutions of nitrate of silver. I would here remark that it is a common practice to use stronger solutions of nitrate of silver in purulent than in trachomatous ophthalmia. Why, then, should we not pursue the same practice in the use of corrosive sublimate in acute blenorrhœa? Certainly we cannot expect to get its full effects as a germicide in the weak solutions hitherto commonly employed, not because the weak solution is incapable of doing the work under favorable conditions, but because the conditions are necessarily altogether unfavorable.

Pernice, in 1884, experimented on the cornea of rabbits with pus taken from a lachrymal abscess, and found its inoculation in the cornea produced deep ulcers and suppuration of the cornea, but if the same pus had been mixed for a while with a weak (1-10,000) solution of corrosive sublimate, it thereby lost its infective qualities. He therefore advocated such a weak solution of corrosive sublimate in the treatment of conjunctivitis and corneal ulcers; practically, however, I think it will be found so weak a solution is of very little value as an antiseptic in ophthalmic practice.

I have recently had an opportunity to test the efficacy of perchloride of mercury in three cases of acute blenorrhœa, two of which were clearly of gonorrhœal origin, and the third probably of the same nature. The results were, it will be seen, not altogether unsatisfactory.

Case I.—A. D., aged 19, French-Canadian, admitted into hospital June 19th, suffering from typical gonorrhœal ophthalmia in left eye of about one week's duration; self-inoculated; lids much swollen; copious purulent discharge, and chemosis of conjunctiva; cornea intact. Ordered ice com-

presses and the conjunctival sac to be washed out every hour with solution of boracic acid, and every fourth hour with a solution of perchloride of mercury 1-2000. This treatment continued for four days with little or no visible benefit. A small transparent ulcer of cornea now visible. Ordered one application of solution of hydrarg. perchloride, 1-1000, afterwards the above treatment continued. The following day there was a marked improvement in the condition of the eye. Four or five days later, commenced the use of nitrate of silver 20 grains to the ounce, once daily, in addition to the other remedies, and the patient was discharged cured on July 10th. Total duration of the disease, 24 days.

Case II.—A little girl, aged 3 years, admitted into hospital July 28th with intense purulent ophthalmia of both eyes, of about two weeks' duration in right eye, and one week in left. This little patient had an acute vaginitis, and was therefore, in regard to the eye affection, probably self-inoculated. A similar course of treatment was pursued. There was some ulceration of right cornea on admission, but this never reached any serious dimension, and both eyes are now well of the disease without impairment of vision in either.

Case III.—E. L., aged 16, a small lad for his age, admitted into hospital for rheumatism, which was found to be of gonorrhœal origin. Left eye affected with intense purulent ophthalmia, of doubtful duration. Cornea, when the treatment began, said to be slightly involved at outer and upper part. The same treatment was prescribed and continued until I saw the patient myself about a week later. There was then an extensive slough occupying the outer three-fourths of the cornea; only a small portion at inner side not involved. I immediately changed the treatment by cold compresses to frequent applications of very hot fomentations. The sublimate lotion and the boracic acid wash continued as before, only warm instead of cold, and a two-grain solution of eserine instilled every two hours. From this time the destruction of the cornea came to a stand-still, and in a few days the slough was thrown off, revealing a very extensive ulceration of the cornea, with a perforation and small prolapse of iris at the upper and outer part; a shallow anterior chamber with a small pupil dimly visible through the semi-transparent ulcerated surface. The ulcer is rapidly

filling up, and a subsequent artificial pupil at the inner side of cornea will probably secure useful vision.*

In the first two cases the result was all that could be desired and certainly afford encouragement for a further trial of the same plan. The prompt effect of the solution of perchloride 1-1000 when 1-2000 did not seem to be working well, is a significant fact, and leads me to hope that the stronger solutions used cautiously may shorten the course of the disease. If there were any way to protect the cornea from the action of strong solutions and at the same time make a thorough application to *all the diseased surface*, I have little doubt the salutary effects of perchloride solution would be much more apparent.

It is obvious that repeated and thorough cleansing of the eye must always take first rank in any plan of treatment, and this is where failure most often comes in, the medical attendant satisfying himself with general directions, without taking the trouble to see that they are strictly carried out.

What percentage of persons suffering from gonorrhoeal ophthalmia have the undivided attentions of two or even of one nurse? and yet the best authorities lay down this thorough attention as the chief essential to successful treatment. Though a firm believer in the utility of cold applications, I cannot leave the subject without calling attention to the urgent necessity of watching the condition of the cornea during their use. If at any time any considerable cloudiness of the cornea, or a considerable area of dense opacity with or without loss of substance, or even if considerable ulceration occurs without opacity, as is often seen in the form of a crescentic furrow close to the corneal margin, then the cold applications must immediately cease and be replaced by frequent fomentations with very warm water. In this way a cornea otherwise doomed to destruction can often be saved, in part at least, and, perchance, though but a wreck of its former self. Some vision may be retained and the patient spared the misfortune of a shrunken and sightless eyeball.

DR. SQUIBB states that he can now sell cocaine at one and a-half cents a grain.

* The prognosis given here has been justified by the result. The eye is somewhat blanched, but still quite useful as a visual organ.

"LISTERINE" IN SPECIAL PRACTICE.

BY G. STERLING RYERSON, M.D., C.M., L.R.C.P. & S.E.

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The principle of antiseptics in suppurative disease of the middle ear is by no means a new one, but it will be found, on examination, that some objection can be raised to every antiseptic agent, either on the score of poisonous qualities, mechanical defects, idiosyncrasy of the patient, or of inefficiency; therefore any new substance possessing undoubted germicide powers, is welcome. For it is a matter of trite, every day experience that what is one man's food is another's poison, in other words, a remedy which may fail in one case, for perhaps unknown reasons, may be successfully used in others.

"Listerine" is the name given to a pharmaceutical compound, the antiseptic constituents of which are Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Aurens in combination. Each fluid drachm also contains two grains of purified benzo-boracic acid. It is, according to Dr. Deems, President of the Augusta, Ga., Academy of Medicine, "a powerful and trustworthy antiseptic agent. It prevents the various fermentations. Meat keeps indefinitely in it. It is a swift and sure destroyer of infusorial life. It destroys the activity, growth and motion of low forms of vegetable life. Owing to this property, combined with its non-toxic effect on the human system, in quantities medicinal and not excessive, it has the immense advantage over carbolic acid that it may be administered *internally* as well as used with freedom either by injection, lotion, or spray." Dr. Deems appends a detailed report of his experiments on various substances and fluids.

In view of these statements, I determined to try it in chronic suppurative disease of the middle ear, and the results justify me in saying that I regard it as an agent of great value in the treatment of these cases. I have also used it as a spray in cases of muco-purulent nasal discharges and think it is of value here also. The strength used was ʒj to ʒj of water. I have used it with equal parts of water in ozæna and have found that it relieves the odor promptly, after proper cleansing of the

parts. I do not see why it should not prove useful in general surgery.

I also report two cases of eye disease in which I have used it. Of course the number of cases is too small to draw any general inference, but I would suggest that the remedy be given a fair trial. From the results obtained in cases V and VI, it looks as though it would prove of use in eye practice, and supersede the very dangerous practice revived lately of using very strong solutions of carbolic acid in purulent affections of the eye.

CASE I.—A. K., æt. 40, has had discharge from the ear at intervals since early childhood. It is occasionally very offensive. No pain. On examining the right ear, I found a large kidney-shaped perforation in the anterior and inferior quadrants of the drum membrane. No granulations. A thin, ichorous discharge was oozing from the middle ear. I used pure Listerine instillations every other day for a fortnight, at the end of which time the discharge had quite ceased and to-day the opening in the drum head is reduced to the size of a large pin's head. The distress in his head of which he had formerly complained is quite gone. I have hope that the drum head will heal up under this plan of treatment. He has had *no application* except Listerine, using a weak solution at home for himself.

CASE II.—On Feb. 19th, ult., Mr. J. K. consulted me with reference to a discharge from his left ear of some years' duration. The drum membrane on examination was found perforated, and the mucous lining of the middle ear granular. I used Listerine pure every day for a time, and then every other day, with a gradually diminishing discharge with occasional exacerbations. Finally, about the 6th of the present month, the discharge seemed quite arrested and has remained so since. The opening in the drum head is somewhat diminished in size.

CASE III.—Mr. P. contracted a severe cold last fall, while out prospecting in the Rocky Mountains. It culminated in an acute suppurative inflammation of the middle ear. When I saw him a few weeks ago all pain had ceased, the hearing on the affected side was not good, and there was a constant purulent discharge through a perforation in the drum head. He was put under treatment with boracic acid and nitrate of silver solution locally, with varying success. Upon

obtaining Listerine I began to apply it with almost immediate improvement. In the end I succeeded in healing the ulcerated drum membrane and arresting the discharge. He could hear Politzer's acoumeter at 18 feet with the affected ear.

CASE IV.—Master B., æt. 7, caught cold, and in consequence had an acute suppurative process set up in both middle ears. I began to use Listerine when he was brought to me a week later, and in two weeks the discharge had ceased and hearing was restored.

CASE V.—Miss R. went to sleep in a draft one afternoon, and on waking, the left eye, which was uppermost, felt queer. It did not take many hours for an attack of acute granular ophthalmia to declare itself. The lids were greatly swollen, the discharge from the eye considerable, as was also the photophobia, and the granulations were marked. I pursued the usual course of treatment for nearly a week with but little benefit. Then I thought I would try Listerine; I applied it pure with a brush to the inflamed conjunctiva, causing considerable stinging at first, followed by a very pleasant after-feeling. An improvement manifested itself very soon, and in three weeks the eye was nearly well. To some remaining granulations I have applied cupri-sulph. in stick, but during the acute course of the disease Listerine alone was used, after leaving off the first treatment.

CASE VI.—Mr. A. has had granular ophthalmia for many years with parted pannus corneæ. I applied Jequirity infusion until a well-marked membrane was developed; then experimentally I applied Listerine. In four applications the false membrane was gone. Might not Listerine be used with benefit in diphtheritic ophthalmia? or in even diphtheria itself?

TREATMENT OF A CASE OF FOREIGN BODY IN THE RIGHT BRONCHUS; RECOVERY.

BY N. E. M'KAY, M.D., C.M., M.R.C.S., ENG.
(Surgeon to "Victoria General Hospital.")

George Bates, æt. eight years of age, was admitted into the "Victoria General Hospital" on the 22nd of April at 6.30 p.m., suffering from a tamarind stone in the right bronchus, which he had swallowed the evening before. When admitted his

face was flushed, he had an occasional fit of coughing which was aggravated on deep inspiration. Each paroxysm was accompanied by expectoration of mucus; in the interval the breathing was quite tranquil. His voice was hoarse, tongue coated, temperature normal, pulse 110.

History obtained from child's mother—The child was playing with tamarind stones, when suddenly he was attacked with a violent spasmodic cough—difficulty of breathing—a sense of suffocation, with lividity of countenance and more or less insensibility. The mother being present at the time instantly introduced her finger into the child's throat and removed one stone, but this gave him no relief. His brother then held him in the inverted position and shook him, whilst the mother slapped him on the back, but no stone came away. In a minute or two these serious symptoms suddenly improved and the child was able to breathe quite freely. An emetic was given but without success. Two doctors were now called in, who diagnosed a "foreign body in the trachea," and they made several unsuccessful attempts by succussion and inversion to remove it.

Physical examination—Percussion elicited clear resonance over both lungs. The movement of the right chest was less free than that of the left, and the vesicular murmur over the right lung was greatly diminished whilst the respiration over the left was puerile in character. The child complained of pain behind the upper border of the sternum, and a cooing sound was heard here during the respiratory acts, most audible at the junction of the second rib with the sternum on the right side. This, together with the limited motion in the right chest, and the diminished respiratory murmur over the right lung enabled me to locate the foreign body in the right bronchus. Dr. Oliver met me in consultation at 9 o'clock the same evening, and agreed with me in my diagnosis. A consultation of the medical staff of the institution was held early the following morning at which an operation was determined upon. At 2 p.m., the child being put under the influence of chloroform, I performed tracheotomy, and to enable me to examine the larynx as well as the bronchi, I performed the superior operation. On opening into the trachea I passed a loop of fine silver wire down towards its bifurcation, but every attempt to introduce it produced a violent fit of coughing. I then intro-

duced a gum elastic catheter, well carbolized, and pushed it into the left bronchus to the extent of fully $4\frac{1}{2}$ inches, but met with no resistance. I then introduced it into the right bronchus and met with an obstruction $3\frac{1}{2}$ inches down. I again introduced the silver-wire-loop into the right bronchus and pressed it firmly against the obstruction, and held it there until a very violent expulsive effort was produced which, on withdrawing the wire, expelled the stone through the tracheal opening. One stitch was put in the tracheal opening and the edges of the wound were brought together and held in position by catgut sutures and strapping. The wound was then covered with iodoform gauze, and the child's chest enveloped in cotton wool. He was put to bed in a room heated with steam. At 5 p.m. there was some emphysema about the wound extending from angle of jaw to about two inches below upper border of sternum. At 7 p.m. emphysema had disappeared considerably. For the next four or five days child had a slight hacking cough, accompanied by expectoration of mucus. A simple expectorant mixture was ordered him.

April 24th morning, pulse 130, temperature 99° ;

Evening, pulse 120, temp. $99\frac{1}{4}^{\circ}$.

April 25th morning, pulse 72, temp. $98\frac{1}{2}^{\circ}$; evening, pulse 130, temp. $99\frac{1}{2}^{\circ}$.

April 26th morning, pulse 100, temp. $99\frac{1}{2}^{\circ}$; evening pulse 120, temp. 100° .

April 27th morning, pulse 80, temp. 99° ; evening pulse 130, temp. 100° .

April 28th, stitches removed, wound healed.

After this date pulse and temperature remained normal, and child was discharged cured May 2nd, the 9th day after the operation.

Correspondence.

CRANIOTOMY V. DEATH OF MOTHER AND CHILD.

To the Editor of the CANADA LANCET.

SIR,—The case given in the May number by 'Junior Practitioner' is a very horrible one; it does seem astonishing that a woman's life should be sacrificed to such superstition. In this affair the plain duty was to fully explain to the unfortunate woman the real state of affairs, and to shew her she was throwing away her own life for no pur-

pose whatever. The same explanation should also be given to the husband; let him fully understand if he refused his consent he would be held accountable for his wife's death. There is no necessity for asking the opinion of any others. If these explanations did not convince them of their folly, then propose the Cæsarian section, telling the woman the great danger to herself, and that there is no certainty of saving the child, though the chances may be in its favour. Our first and chief duty is to the mother. The life of the child should not have a feather's weight compared with her safety. Granted this, will any one say the Cæsarian section is the proper operation? In craniotomy we destroy the child but, as a rule, we save the mother. Even before chloroform we rarely lost a case, and now, with antiseptic precautions, our chances are much better. In Cæsarian section do we not lose as many as we save? It must be remembered the majority of these cases occur in poor houses, deficient in ventilation, drainage and general comfort—no trained nurses—frequently a long way from the doctor's house. I suppose the great objection to craniotomy on the mother's side is that the child not getting the rights of the church will, as the lovely Athanasian creed says, perish everlastingly (whatever that may mean). Now, as it seems that baptism is a safe passport to everlasting happiness, why not do (as I have done) have the child baptised in utero. I think the church would recognize it, and the poor little soul would pass into heaven without undergoing the troubles the writer has had.

Yours truly,

F. C. MEWBURN, M.D.

Toronto, May, 1887.

Selected Articles.

BALDNESS: WHAT CAN WE DO FOR IT?

BY GEORGE THOMAS JACKSON, M.D.

There is probably no one subject in medicine of which the average practitioner is less informed than that of the hair. And yet the subject is important, and everyone should have a clear idea of the resources and limitations of our art in the care of the hair and the treatment of baldness. It is the aim of this paper to point out the varieties of baldness, to throw as much light as possible upon its causation, and to show what and how much may be done in the treatment of it.

The four main varieties of alopecia are: 1, Alopecia adnata; 2, alopecia senilis; 3, alopecia prematura or presenilis; and 4, alopecia areata. The last variety will not be considered at this time, as I have recently contributed a paper upon the subject to the *New York Medical Journal*—in February, 1886.

Alopecia adnata is that form of baldness which is congenital, as its name would indicate. It is comparatively infrequent. An infant is born either with a good crop of long, colored hair which early falls out, to be replaced with light-colored permanent hair, which soon grows darker; or it is born with colorless hair in greater or less abundance, which gradually becomes darker; or it is born with a perfectly bald head. In the majority of cases this last condition is transient, and in a few days or weeks the scalp will be covered with hair. All these states of hair-growth are dependent upon the time when the change of type between the fetal and permanent hair takes place. As a rule the change is complete at birth, when we find the colorless hair; if it is delayed until after birth, we have the long, dark hair; if at the time of birth the fetal hair has been shed, but there has not been time for the permanent hair to grow, we have the bald head.

Now all these are normal conditions, and even the last, or bald head, is only to be considered as transient alopecia adnata. But in some cases the hair-growth is delayed for months, and in some of these there is a condition of lichen pilaris present, the scalp being rough and covered with pointed papules. The hair will usually grow in time, though a few cases have been reported in which the hair never grew. Delayed dentition, or even a deficiency of teeth, has been observed in these cases.

The cause of this form of baldness is an arrest of the development of the hair. Upon what condition such an arrest depends we do not know. Microscopical examinations of sections of the scalp in cases of inveterate alopecia adnata show either an absolute absence of hair-follicles or an aborted development of them. In some families the disease is hereditary.

As to treatment, the most we can do is to attend to the general nutrition of the child and the hygiene of the scalp. Happily in most cases the disease remedies itself. The scalp should be kept free of sebaceous accumulations, and thoroughly washed with soap and water. Should the parents and friends become restive under this expectant plan of treatment, some stimulating hair-wash may be prescribed, such as will be given when we come to the discussion of alopecia presenilis. If lichen pilaris is present, the free use of soap frictions, with the tincture of green soap every day, followed by inunctions with oil, will remove the accumulation of epidermis which clogs the

hair-follicles, and thus give the hemmed-in hair a chance to grow.

Alopecia senilis is that form of baldness which occurs in old age, or after the age of forty-five, and is often preceded or accompanied by grayness of the hair. When this form of baldness begins, it is progressive. Commencing upon the vertex it forms the tonsure, and from there spreads forward so as to involve the whole top of the head; or it may begin anteriorly and spread backward; or the whole top of the head may show a thinning of the hair. When complete the scalp is smooth, oily, shiny, and looks stretched. It is unaccompanied by any disease of the scalp, excepting, perhaps, a slight seborrhœa. The region it affects is that part of the scalp over the aponeurosis of the occipito-frontalis muscle, while the occipital and lateral parts of the scalp are spared. It is always symmetrical.

The cause of this form of baldness is a gradual sclerosis of the subcutaneous tissues of the scalp, the retrograde process beginning in the arterial supply to the scalp, a fibrous endarteritis narrowing the lumen of the cutaneous arteries, till finally the capillary circulation about the hair-follicles is obliterated. This causes a lessening of the subcutaneous fat and a narrowing of the meshes of the connective tissue. It is but one expression of that general lowering of nutrition incident to advancing years.

When the scalp is atrophied we can do nothing in the way of treatment; there is no cure for alopecia senilis. Prophylaxis may do a good deal in postponing the loss of hair. Of what prophylaxis consists will be shown in the next section.

Alopecia prematura is that form of baldness which occurs before the forty-fifth year of age. It is true that the dividing line is purely arbitrary, but it is convenient, and the age of forty-five is usually considered to be that of man's prime, the top of the hill of life. There are two varieties of premature alopecia, viz., the idiopathic and the symptomatic, each of which deserves separate consideration.

Idiopathic premature baldness begins at any time before forty or forty-five years of age, most commonly between the ages of twenty-five and thirty-five. Its peculiarity is that it arises uninfluenced by any antecedent or concomitant local or general disease. When it once begins, it is generally progressive. Its course is the same as that of the senile form, beginning on the vertex and proceeding forward; or beginning on the forehead and running backward; or affecting the whole top of the head. It is a process of gradual loss of vigor, and a gradual lessening of the diameter of the hair. The hairs which first fall out are replaced by those of less vigorous growth; these in their turn are shed to make way for yet weaker ones, and so the process is repeated until

complete baldness results, no new hairs being produced to take the place of those which are shed. The scalp in the affected region is atrophied, and often bound down to the underlying tissues so tightly that it cannot be slid about as easily as in the normal condition. It differs from senile alopecia in the earlier age at which it occurs, and in usually being unaccompanied by other signs of diminished physical vigor, such as canities, loss of teeth, and dulness of sight and hearing.

The chief cause of this variety of baldness is heredity, and everyone has known of families in which the fathers and sons for many generations have become bald at an early age. This is due, according to Pincus (*Berl. klin. Wochenschrift*, 1883, xx., 645), to the fact that in certain families there is a tendency to an early induration of the connective tissue under the aponeurosis of the occipito-frontalis muscle, the meshes of which, becoming progressively lessened in size, gradually draw the scalp down upon the underlying tissues, and the hair-papillæ, becoming more and more pressed upon, are at first lessened in diameter and at last completely obliterated.

Improper or deficient care of the scalp and hair is another cause of early baldness, or, at least, hastens its advent in those predisposed thereto. It is a very common practice for men to souse the head daily in water, and as Ellinger (*Virchow's Archiv*, 1879, lxxvii., 549) has noted this habit in eighty-five per cent. of his cases of baldness, it is probable that it is an important etiological factor. Thinkers and brain-workers are very often bald. Eaton (*The Popular Science Monthly*, October, 1886) has recently upheld the thesis that the coming man will be bald and toothless. He found by actual count that baldness was far more prevalent among the intellectual and educated classes than among the uneducated. Thus in the audiences attendant upon churches and operas in Boston, from forty to fifty per cent. of the men were bald; while the percentage was only twelve to twenty-five among the crowds visiting cheap museums and prize-fights. In active intellectual effort the circulation of the head is increased, and the scalp sympathizes and becomes warmer than usual. This increased warmth of the scalp in thinking may operate in the same way in the production of baldness as does the wearing of tight, unventilated hats, which sweat the hair more or less. Stiff hats may cause baldness by compressing the arteries that supply the scalp. Thus F. A. King says (*American Journal of the Medical Sciences*, 1868, April, p. 416): "Baldness of the vertex is due to compression, by stiff hats, of the anterior temporal arteries in their course over the frontal protuberances, and of the occipital behind. The reason why baldness occurs in different places in different individuals is probably due to differences in the shape of the head. The little tuft of hair

often observed on top of the forehead is nourished by the two supraorbital arteries which escape pressure by passing over the forehead in the slight concavities between the frontal eminences." The existence of this little island or tuft of hair depends more likely upon its being located over the belly of the occipito-frontalis muscle, and not over its tendon.

That women do not become bald so often as men is probably because they preserve the cushion of fat under the scalp longer than men do. Pincus says that their comparative exemption is due to the fact that in them "the spaces between the connective-tissue fibres in the deeper and middle layers of the scalp are much larger than in men, the skin of the women during their life preserving more of the characteristics of the skin of children." Other reasons for their comparative freedom from baldness are given, such as: Because they do not wear their hats as much as men, neither are their hats so close-fitting nor made of so impermeable materials; because they give more attention to the care of the hair than men; because they seldom wet their heads; because they are not so abundantly covered with hair as are men, and therefore have less drain upon the hair-forming elements; because their hair is less often cut. Of all these reasons those of most weight are the preservation of the subcutaneous fat and connective tissue, and the greater attention paid to the scalp.

The *treatment* of idiopathic premature baldness is mainly one of prophylaxis and of hygiene. Though hosts of remedies have been proposed from time to time and more or less vaunted, I am inclined to believe that due attention to the proper care of the scalp and to the general hygiene of the body is more reliable than any so-called remedies. Unfortunately, men who most often are bald are least inclined to give the requisite time and trouble to the care of the scalp, and therefore our results are not as good as they should be. Women, though less frequently bald, are willing to give attention to their scalps, and with them our results are better.

Prophylaxis consists in giving early and proper care to the scalp and hair, and this especially in families in which baldness is markedly hereditary. Prophylaxis should be begun at the birth of the child in such families and continued throughout life. The proper care of the scalp consists in keeping it clean by an occasional shampoo of soap and water, borax and water, or some such simple means, and in brushing and combing the hair, and in the avoidance of all things that can harm the scalp. The shampoo need not be repeated oftener than once in two or three weeks, and whenever the scalp has been washed it should be carefully dried, and some simple unctuous substance applied, such as vaseline or sweet-almond oil. Women

should dry their hair by sitting before an open fire or in the sun, and should not dress it until entirely dry. The first shampoo the baby gets is to rid the scalp of the vernix caseosa. This should be most carefully done, without the employment of force, the sebaceous plate having been thoroughly soaked with sweet-oil before the attempt to wash it off is made. After it has been removed the infant's scalp is to be oiled daily until the hair is growing nicely; this is done to guard the tender scalp from injury from atmospheric and other causes. So soon as the hair is grown the scalp only needs an occasional wash to keep it clean, unless there is some sebaceous concretions, when that condition is to be treated.

The hair should be thoroughly brushed and combed daily, not in the careless way in which it is done by most people, but systematically for some five or ten minutes, and with vigor sufficient to make the scalp glow. For this we need a good brush with long, moderately stiff bristles, set in groups widely separated from each other. Such a brush will reach the scalp and brush out all dust. A comb with large, smooth teeth, set wide apart, should be used with the brush to open up the hair to the air; first a stroke of the comb and then of the brush. After the systematic brushing the stiff brush should be laid aside and a softer one used to assist the comb in parting the hair and to polish it. This operation of brushing is rather difficult for women, and most women merely employ the comb. But the stimulation caused by the brushing is very valuable and should be insisted on.

What *not* to do is of nearly equal importance with what to do, in the care of the scalp. We should not allow the use of pomades on the healthy scalp, as they are quite unnecessary if the hair is properly brushed, and by becoming rancid are apt to irritate. The daily sousing of the hair with water should be positively interdicted. Women should not use bandoline or the like sticky substances; should not pull and twist the hair in all sorts of unnatural positions; should not scorch it with curling-irons and hot pipe stems, nor smother it under false hair. The hair needs light and air for its growth, and will not endure forever the pulling and twisting which fashion demands of its votaries. Men should not constantly wear close-fitting hats or caps. If their avocation requires their heads to be covered, they should wear ventilated, easy-fitting hats. Working under hot artificial light should be avoided, so that the head will not be sweated. Withal, the general condition of the physique should be maintained at as high a standard as possible by exercise and moderation in all things; and worry and anxiety of mind should be combated by the cultivation of a more cheerful habit of thought.

When the hair is falling the care of the scalp, as

just indicated, should be continued or, if not already practiced, begun. In addition, local stimulation must be employed. Some remarkable results in making hair grow by hypodermatic injections of pilocarpine have been reported in the medical journals. This may be tried. I have found the drug more useful in alopecia areata than in ordinary alopecia. We know that jaborandi increases the circulation of the skin, and it would seem rational to suppose that in some cases of baldness, dependent upon malnutrition of the papillæ, it might do good. Pincus, who has devoted many years to the careful study of baldness, advises the application to the scalp for from two to five minutes, on two to four successive days, of a wash of

Bicarbonate of soda . . . 4 parts.
Distilled water . . . 180 "

M.

rubbing in one or two tablespoonfuls of it with a soft hair-brush or sponge. Then a pause is made for as many days as the wash was used. On the first and second day of the interval between the application some oil is to be rubbed into the scalp. This treatment is to be continued for a year, and if the disease is then progressive, stronger remedies are to be used. As we will have occasion to speak of a number of stimulating hair-washes when we discuss the treatment of symptomatic baldness, it will not be necessary to mention them in this place.

As a rule, the treatment of idiopathic alopecia presenilis is unsatisfactory, and we should not encourage our patients to expect to see the condition of their hair improved to any great extent under one year, at least, of treatment. But if due attention is given to the care of the scalp and hair, the fall of the hair can be checked in many cases, and that is well worth the trouble it costs.

Symptomatic premature alopecia.—By this term is meant baldness occurring before the age of forty-five, and arising from some accompanying local or general disease. It has four varieties, viz: 1, Alopecia furfuracea or pityroides; 2, alopecia syphilitica; 3, defluvium capillorum; and 4, alopecia follicularis.

Alopecia furfuracea is that variety which is due to dandruff—a seborrhœa or pityriasis capitis. The dandruff may be in large amount, so as to form cakes of fatty matter on the scalp, or it may be slight, in the form of thin, easily detachable scales, which fly off from the scalp and fall upon the coat-collar like snow. This variety of baldness is met with at all ages, but is most serious between the twentieth and thirtieth years of age, and is by far the most common of the different kinds of alopecia. It has two stages; during the first there is a good deal of dandruff, and the hair is dry and falls out slightly. This stage lasts from two to seven years. Then the second stage begins,

when to the dandruff is added a rapid fall of the hair. The location of the baldness is the same as in the preceeding forms, though it effects most often the whole top of the head. The course of the disease is progressive and more or less rapid, the hair becoming gradually thinner both as to quantity and diameter, till at last complete baldness results. With the increase of the baldness there is a continuance of the dandruff, until the hair has nearly all fallen out, when the dandruff lessens or disappears.

Alopecia syphilitica next claims our attention. It occurs in the early stage of syphilis most often, but may occur quite late in the disease. Syphilitic exanthems may be present on the scalp and body, or the baldness may be the only symptom of the disease. When it is the result of the syphilitic cachexia we will frequently find more or less dandruff, and there will be a general thinning of the hair, giving the head a peculiar look, which may be likened to the effect produced by taking a pair of dull shears and cutting the hair away in a very irregular manner, so that the head will look ragged. The head is not completely bald in any extended area, but here and there over the whole scalp are irregular, partially denuded patches. Other regions besides the scalp may be affected, the broken arch of the eyebrows being characteristic. Besides this, which may be considered the characteristic species of syphilitic baldness, we have disseminated bald spots of cicatricial tissue due to the presence of syphilitic deposits about the hair-follicles, which have undergone absorption and caused destruction of hair-follicle and scalp tissue. This latter variety belongs rather to the category of alopecia follicularis.

Defluvium capillorum is the variety of baldness which follows acute diseases, especially fevers, or occurs in the course of some cachexia, such as mecurialism. The most common form is that which follows fevers. Usually the hair does not fall out till after convalescence has begun, and then it will be very rapid, the hair coming out by handfuls at times, and the whole scalp is affected. As a rule it does not cause absolute baldness, though in some rare cases all the hair may fall from the body, as in a case of alopecia areata maligna.

Alopecia follicularis is that variety of baldness which is due to local lesions, such as the syphilides, and the parasitic disorders. The appearances presented will vary with the cause. When due to pustular diseases, such as impetigo, the patches are not larger than from the size of a silver dollar to that of the palm. When due to some diffuse inflammatory disease such as erysipelas, the bald patches are quite large and irregular in shape, and the scalp is hyperæmic. When due to favus or ringworm the hairs are altered, becoming lustreless, dry, and split; in ringworm they are often

broken off near the scalp. The bald spots of favus are covered with thick, mortar-like crusts, or are smooth, cicatricial, and of a peculiar red color. In ringworm they are covered with scales, and sometimes crusts, which are not so thick as those of favus.

The *causes* of alopecia prematura symptomatice are manifold. We have already mentioned seborrhœa sicca, syphilis, fevers, impetigo, erysipelas, and parasitic diseases. Besides these may be mentioned violent shocks to the nervous system, mental distress, parturition, lupus vulgaris and erythematosus, lichen ruber and scrophulosorum, lepra, and other cachexiæ. The baldness following fevers, and with syphilitic and other cachexiæ, is due, in most cases, to seborrhœa, but may be purely a nutritive trouble, the hair-bulbs being poorly nourished, the hair becoming loose and falling out. The baldness accompanying or following the pustular and ulcerative diseases is due to the destruction of the hair-follicles. The baldness following upon the abuse of mercury, excess in venery, and intemperance, is due to their damaging effect upon the constitution of the patient. Anything which impairs the full vigor of a man may secondarily contribute to the production of baldness, especially if he have a predisposition thereto. This predisposition is an important factor in all cases of alopecia furfuracea. We often meet with people who have had dandruff for years without alopecia; but in many subjects dandruff does cause baldness.

As far back as 1874 Malassez and Chincholle described a parasite as the cause of pityriasis capitis and of the baldness following it. But Bizzozero has recently shown that spores, identical with those of Malassez and Chincholle, are found quite generally upon the normal human scalp. Lassar and Bishop believe that alopecia furfuracea is contagious, and is frequently transmitted by barbers' brushes and combs. They explain the comparative immunity of women by the fact that they are less exposed to infection at the hands of the barber. Their experiments with the scales taken from the scalp of a man who was losing his hair rapidly, and which they made into a pomade with vaseline and rubbed upon the back of a guinea-pig and a rabbit, in each case producing baldness, are interesting, and seem to prove their thesis. They require and deserve repetition.

Much that has been given in the etiology of the idiopathic form of premature baldness, especially in regard to the use of water on the head, the wearing of hats, and the use of pomades, could be repeated here, since they tend to produce pityriasis, and in that way alopecia furfuracea.

The *prognosis* of symptomatic premature baldness will vary with its cause. When due to dandruff, it will be good if treatment is begun in time, before actual baldness is present. Even if

the hair is quite thin and the scalp shows a large number of lanugo hairs, we may yet have hope, if there is no predisposition to baldness. Defluvium capillorum usually takes care of itself, and we can give our patients a favorable prognosis. Syphilitic alopecia, when dependent upon the cachexia of syphilis, is seldom permanent. The baldness following favus is permanent; that coming after ringworm is transient. Ulcerative processes are followed by permanent baldness. Pustular lesions will not cause baldness, as a rule, and if the hair is plucked early from the follicle the danger of its occurrence is lessened.

Rapid results cannot be expected from our treatment. We must have our patients understand that they must have patience and perseverance, and that the result of treatment will depend chiefly upon their faithful carrying out of directions.

The *treatment* of symptomatic premature alopecia is both prophylactic and curative. Of course, prophylaxis applies chiefly to alopecia furfuracea. If it were better understood that dandruff is often followed by baldness, it would be early submitted to treatment, and there would be fewer bald heads. The prophylaxis for this form of baldness is the same as for the idiopathic form, and need not be repeated here.

The curative treatment of alopecia furfuracea is first addressed to the ridding of the scalp of the seborrhœa or pityriasis. If there are thick crusts or cakes of sebaceous matter on the scalp they must first be soaked with oil and then removed by the shampoo. If dandruff is present in only slight amount the shampoo may be used at once. For this purpose we should use soap and water. For our soap we may choose the tincture of green soap. If the scalp is too tender for that we may use Sarg's liquid glycerine soap, Pears' glycerine soap, Castile soap, or any good toilet-soap. Or, if the scalp does not tolerate these, we may order a shampoo of eggs, made by beating up the yolks of three eggs in a pint of lime-water and adding half an ounce of spirits of Cologne, if we want perfume. Borax and water make another excellent wash. Do not stint the water. Rub the shampoo vigorously into the scalp in all directions, using either the fingers or a long-bristled, moderately stiff brush. When the scalp has been well rubbed, the soap or chosen shampoo is to be washed out with a copious stream of water of a temperature agreeable to the patient, or, if convenient, with alternate douches of hot and cold water. The scalp and hair are then to be thoroughly dried, and a little oil rubbed into the scalp. If an excess of oil has been used it may be readily removed by pulling the hair between the folds of a towel moistened with Cologne, alcohol, or ether. The shampoo should be repeated daily for a week or so, and then once every week or two.

While the care of the scalp and hair is, perhaps,

the most essential element of success in the treatment of these cases, still they need stimulating treatment in addition. So many stimulants have been recommended that one is somewhat embarrassed by the excess of richness. We may use carbolic acid in alcohol, two per cent. strength; tincture of capsicum or of cantharides, one to three drachms to the ounce of water; chloral hydrate, or tincture of nux vomica, one drachm to the ounce; corrosive sublimate, one to three grains to the ounce; the stronger water of ammonia, pure, or diluted if too strong. These may be used either as lotions or ointments, separately or in combination. Then there is a wash of rum and quinine which every druggist keeps upon his shelves, and so many of the laity use. This list is by no means exhaustive, but quite sufficient.

An excellent ointment for use, as curative of the seborrhœa, is one which is known, in at least three different dispensaries, as "Bronson's Ointment," after my esteemed friend Professor E. B. Bronson, of New York Polyclinic. It is made of

Hydrarg. ammon ℥ ij.
Hydrarg. chlor. mitis ℥ iv.
Vaseline ad 3 j.

M.

and when properly compounded forms an elegant pomade of the consistence of a Mayonnaise dressing, and effectual withal.

Pincus advises, in the first stage of alopecia furfuracea, the rubbing of the scalp with a solution of bicarbonate of soda, strong enough to redden the skin, and following this with a compress and an oiled-silk cap to be worn all night. Unfortunately this stains the hair. In the second stage of baldness, when the hair-fall is pronounced, he advises the use either of

Tannin gr. lxxx.
Ungt. rosæ 3 j.

M.

rubbed every night, or of

Ol. sabinæ gtt. v.-xxx.
Alcohol 3 j.

M.

used in the same way. The latter he prefers, as it can be stopped for several weeks at a time, while the use of the former cannot be interrupted for more than six days. A hood is to be worn at night with either of these. The oil of savin often causes headache, nausea, vertigo, and sleeplessness, which interdict its use. Pincus further advises the use of a lotion or ointment containing two to four per cent. of lactic acid, and eight to ten per cent. of boracic acid, applied daily for two or three weeks, and then, after a pause of a few days, followed by an ointment of bicarbonate of soda, three to eight per cent. strength, for one week. Thus he alternates his ointments for one year.

Lassar (*Monatshft. f. prakt. Dermat.*, 1882, i., 131) has had good results by washing the scalp with tar-soap daily, following with a wash of

Sol. hg. bichlor. (1 in 300).

Spt. cologne,

Glycerine āā 3 ij.

M.

Then the scalp is to be dried, and a one to five per cent. solution of naphthol applied. Finally, a one and a half per cent. carbolized oil is poured over the head. I fear that we would have difficulty in persuading our patients to carry out so troublesome a procedure.

Heitzmann, of our own city, reports ("Transactions of the American Dermatological Society," 1885, p. 32) favorable results from the use of crude oleum rusci in an ointment of vaseline and paraffine, in ten to twenty per cent. strength. This is to be alternated with sulphur and white precipitate ointments.

Piffard (*Journal of Cutaneous and Venereal Diseases*, June, 1885, p. 180) has had good results by using the following:

Picis liquidæ,

Olei lavandulæ āā 3 vj.

Olei pini sylvestris 3 j.

M.

In some cases sulphur is added at the commencement of treatment.

Resorcin has been recommended by Ihle. I have not found it so efficacious as other remedies.

In the treatment of these cases I have seen the best results follow the systematic care of the hair, the avoidance of frequent wetting of the hair, and the use of an ointment of precipitated sulphur in the strength of one drachm to the ounce of vaseline, applied every night for a week or two, and then every other night, until the scalp no longer is furfuraceous, and then once a week for months. If care is used in applying the ointment there will be no excess of sulphur showing on the hair.

As illustrative cases of what may be done by this plan of treatment let me recite the following:

Case I.—J. D., aged 20. Hair has been falling steadily for past two years, excessively for last two months. Hair thin over whole top of head, dry, and deadlooking. A shampoo of borax was ordered, to be followed by the sulphur ointment, and directions as to the care of the scalp given. In three months the hair was growing luxuriantly, and the pityriasis was stopped.

Case II.—M. B., aged 26. Hair has been falling for three or four years, and over whole top of the head it is very thin. Was put upon the same treatment, and in nine months' time the hair had ceased falling, and was growing so nicely that the patient had discarded the wig which she had worn for many months.

Case III.—E. B., aged 22. Hair has been falling for two months; scalp scaly; hair thin and dry. After two months of the above treatment the scalp was looking healthy, and the hair was growing nicely.

Case IV.—Dr A., aged 33. Hair has been falling for four years; is quite bald. After two months' treatment the fall of the hair was almost entirely checked. He reported to me, after ten months' treatment, that the hair had ceased falling, and was growing in to an appreciable degree.

Case V.—L. B., aged 22. Hair is falling and has a good deal of dandruff. After five months' treatment the scalp was in fine condition, and the hair was growing nicely.

The treatment of *syphilitic alopecia* is by the internal administration of mercury, the mixed treatment, or the iodide of potassium, according to the stage of the disease. Locally, if any lesions are on the scalp, we may prescribe a lotion of the bichloride of mercury, or an ointment of the ammoniate of mercury. If there are no lesions, then stimulating remedies may be used as in *alopecia furfuracea*.

Defluvium capillorum remedies itself in most cases, and only requires attention to the general condition and to the hygiene of the scalp. If this does not suffice, stimulating measures, such as those given above may be used.

Alopecia follicularis needs the treatment appropriate to the disease present. If there are pustules on the scalp, the hair should be pulled from them.

In conclusion, I would place special emphasis upon the importance of the hygiene of the scalp; the nearer we can bring the scalp to a perfectly healthy condition, the more we can accomplish for the restoration of hair growth. Do not be too easily discouraged, nor allow your patients to despair until a year at least has been given to the faithful care of the scalp.—*Med. Rec.*

THE GENESIS OF "BRIGHT'S DISEASE."

The prevalence of the morbid change so far best known by the term "Bright's disease" (from Richard Bright, who first wrote on the subject); its certain ending, sooner or later, in death; together with the fact that its course can be profoundly modified by proper and judicious measures; all combine to give the subject an intense interest for all—physician and patient alike. "Old age is not an entity, but a set of conditions predisposing to what we call chronic Bright's disease. And though to most this comes in natural course when the prime of life is run, yet to some old age is no matter of years and of averages, but the running down of a spring set for an individual." Such is the happy expression of Dr. Goodhart in his well-

known Bradshaw Lecture before the Royal College of Physicians of London in August, 1885. It is a slow, gradual growth of the lowly connective tissue of the kidney at the expense of the higher kidney tissues. But the kidney-mischief is only a part of the morbid change. A like growth of lowly tissue is going on in the walls of the arteries—atheroma—rendering them inelastic and brittle. But what calls out the growth of the lowly connective tissue in kidney and artery? The irritation set up by the presence of uric acid (possibly accompanied by other forms of albumen-metamorphosis) in excess in the blood. In order to grasp the matter firmly we must look a little beyond mere clinical facts, so as to read these last aright. We see, in the gradual evolution of life, the reptile, the cold-blooded inhabitant of tropical swamps, casting out its excrementitious matter in solid form—i. e., urates. The uric acid formation still continues in the warm-blooded bird, which also possesses a solid urine. When the mammalia appear, they are found to have a fluid urine, and their form of excretion is the soluble urea. But vestiges of the earlier formation still cling with the tenacity of original sin; and a certain, if small, quantity of uric acid is daily voided by man himself. So that we still carry with us traces of our descent in other forms than the branchial arches—the gills of foetal life. Indeed, the circulation of the foetus is that of the higher reptile; and the uric acid formation is distinctly seen in intra-uterine existence. We have long been familiar with the fact that under given circumstances the human body reverts to the early primitive form of urine-stuff. As to gout, we have recognized its association with good eating, especially when accompanied by a lack of exercise. The sensuous monk of old, lazy, fond of good living, and addicted to wine-bibbing, was the typical gouty man. Now, it is the country squire, whose habits were active till gout in his feet cripples him, and then its fell clutch becomes tighter and harder; or the plethoric publican, whose pleasures are those of the palate. This was the gout which came of good living. "Gout is the disease of those who will have it," said Meade. But a number of cases of distinct gout were found under widely different circumstances. They occurred in spare beings, small fastidious feeders, whose trencher performances were conspicuous by their temperance. To this class the term "poor man's gout" was applied. It did not explain the apparent paradox, and this inability to explain it was regarded as an opprobrium to the medical profession. Doubtless a large proportion of the sufferers from poor man's gout were descendants of gouty ancestors; and only by the strictest regimen, as to meat and drink, could they elude the visitations of their hereditary foe. But the gouty ancestry was not present in all cases.

The late Dr. Budd held that sundry persons came into the world with what he called "insufficient" livers; and Dr. Murchison endorsed this view. Such livers revert to the uric acid formation very readily; and now poor man's gout stands revealed before us. Indulgence in animal food in excess reduced a normal liver to the uric acid formation. A congenitally insufficient liver reverts to the uric acid formation under an ordinary or even meagre dietary. The result is the same in each case. When the uric acid formation is established, we find one of two consequences: either (1) the uric acid is gradually deposited in the body, in the articular cartilages by preference; or (2) is cast out by the kidneys, which, being constructed to excrete the soluble urea, are irritated by the presence of uric acid in excess; with the result of interstitial nephritis, or chronic Bright's disease. Often both are found.

Renal changes are by no means the sole morbid outcome of the uric acid formation. The cardiovascular system feels its malign touch. A tight artery is the consequence of the blood condition, and, with that, changes in the arteries and the heart. The high blood pressure in the arterial system leads to hypertrophy of the left ventricle, and that, again, to secondary valvulitis of a progressive nature—probably due to the forcible closure of the valves; the mitral by the large ventricle; in the aortic by the recoil of the highly distended artery. Possibly in the latter there is a tendency to gouty deposits, as in the joints. The distention of the arteries leads to a growth of connective tissue in their walls, which lose their elasticity and become brittle—the atheromatous change,—and from these we get apoplexy and aneurysm; while angina pectoris vaso-motoria is called out by occasional spasm of the peripheral arterioles. Sooner or later the growth of connective tissue within the coronary arteries themselves cuts down the nutrition of a large heart, and fatty degeneration spreads throughout its structure. The failing heart leads, in its turn, to dropsy, albuminuria, and death. Indeed, we get a vast number of morbid outcomes in this widespread vaso-renal change, beyond the interstitial nephritis, which is spoken of as "chronic Bright's disease," or "renal cirrhosis," or "the gouty kidney," as it is variously termed. But the consideration here is restricted to what is truly "chronic Bright's disease," a renal change started by an impure blood, as Professor Hayles Walshe asserted in 1849. The uric acid (and possibly other excrementitious matter of nitrogenised character, the products of albumen metamorphosis) irritates the kidney structures, and starts up a rank growth of the lowly connective tissue, or packing material, at the expense of the higher true structures of the kidney. Here and there in minute foci, scattered throughout its mass, mainly in the cortex at the

outset, we find the destructive action at work. The lowly invader is preying upon the higher structures, like the Tartar Turk spread himself over the population of the Balkan peninsula, and with the same result—destruction. Slowly and steadily one minute portion of the kidney after another is caught within the light touch of some soft growth of connective tissue; but as the latter dries up and hardens, it contracts, and the true tissue within its clutch is ruined—squeezed out of (functional) life and (anatomical) form. Bit by bit, and often very slowly, the process goes on, until the kidneys are rendered inadequate as depurative organs, and the blood is rendered toxic by being surcharged with waste of albuminoid origin. Then follow secondary inflammation set up by the toxic blood, or other truly uræmic complications, often desperate attempts on the part of the body to cleanse its blood. To call this widespread change a "kidney disease" is as much a misnomer as to apply "Pimlico" to the whole metropolitan area; and to seek for evidence of it in the renal secretion solely is as imperfect as would be an inquiry into the sanitary arrangement of Lambeth, however carefully conducted, as to the state of the whole area which discharges its sewage at Barking Creek. Casts of the renal tubules are truly the infallible evidence of renal destruction as to existence, if not as to extent. The character of the urine tells much; when it is copious and of low specific gravity we have only too good reason to decide that the injury is extensive and widespread. Sometimes albumen is present in the urine, but its significance depends upon its associations. Dr. Reichard Bright found that when albuminuria coexisted with dropsy the kidneys were the seat of disease. But in the diagnosis of several practitioners the dropsy factor drops out of the calculation, and the diagnosis is made in its absence. Albuminuria and "chronic Bright's disease" are, however, not convertible terms by any means, nor the equivalent of each other, as is not unfrequently assumed.

Chronic interstitial nephritis is but one of the numerous morbid progeny of the uric acid formation, albeit an important unit. We are all familiar with this vaso-renal change, as it runs its course in the mesoblastic structures of the men of Norse type, large-boned and florid, giving joint-gout, cardio-vascular changes, chronic bronchitis, rheumatism, eczema, and secondary valvular disease in the large heart. That is one aspect of the vaso-renal change. But this is by no means the only aspect of this change. It may sometimes commence with primary kidney mischief and consequent imperfect blood depuration. Far more frequently it starts from a congenitally "insufficient" liver in persons of the neurosial diathesis, or Arab type (to whom the term "neurotic" aptly applies), the phenomena are widely different. The

mesoblastic tissues are comparatively untouched; while the hypoblastic and epiblastic tissues are the seat of suffering. These persons are of spare habits and complain of indigestion, acidity, and flatulence—matters of the hypoblast; of migraine, accompanied by vesical irritability, of palpitation, of failure of the heart's action, resembling syncope, except that they do not lose consciousness, and and realise the horror of their condition—matters of the epiblast. In many cases cardio-vascular change is also present, and the migrainous neurotic is as liable to apoplexy as the red-faced, short-necked gouty man; the urine of the last is usually copious and clear, while in the neurotic the urine is often charged with lithates.

The migrainous neurotic of the uric acid formation is growing more and more common. Town populations have a tendency to grow smaller and darker, as anyone can see by comparing the living crowd with the worthies in effigy at Madame Tussaud's. They have a tendency to revert to an earlier and lower ethnic form, and are smaller in the bone. They are precocious, and the early development of the nervous system is accompanied by a deficiency or backwardness in the assimilative organs. There is an insufficient liver, which readily reverts to the uric acid formation; and this is aggravated by the fact that town dwellers eat more animal food than rustic populations of the wage class, while the latter have the advantage of plenty of oxygen. The town dweller works in ill-ventilated rooms, and his amusements are indoor in a vitiated atmosphere. With an insufficient liver, a meat dietary, and insufficient oxidation, the town dweller is the subject, more than all others, of the uric acid formation, with all its varied consequences. At Victoria-park Hospital I have under care at the present time a mite of a girl, not yet thirteen years of age, in whom all the phenomena of the migrainous neurotic are already present. The effect of town life is to produce a distinct retrogression to a smaller, darker, precocious race of less potentialities than the rustic population. Precocity is seen in early puberty, but reproduction is impaired; and Hayles Walshe, Mr. Cantlie, and others have shown that it is well-nigh impossible to find a true Cockney of the fourth generation. Dr. Ralfe informs me that of 800 inquires made at the London Hospital only four resulted in genuine Cockneys of the fourth generation. The retrocedent race perishes either by sterility in the females, or their sparse progeny succumb to the diseases of childhood. These urban dwellers, the progeny of town-born parents, this retrocedent race, are the possessors of congenitally insufficient livers, and as a consequence are the victims of the uric acid formation. This liver reversion is the microcosm within the macrocosm and Bright's disease is especially the disease of this urban race. Teetotalism and vegetarianism

are no matter of mere caprice or fashion; but are the unconscious submission to an unseen law ruling the choice. The urban dwellers cannot tolerate the beet and ale of their rural forefathers. No doubt in many cases alcohol and syphilis play their part, and too often an important part. But these are only accessories to the great fact that the descendants of town dwellers die prematurely old of Bright's disease, and that the spring runs down at a much earlier period with them than with rural populations.

Many persons are remarking how common gout is becoming amidst us at the present time. Such is certainly my personal experience; though articular gout is by no means the common outcome of the uric acid formation in town dwellers. Sufferers from articular gout are comparatively infrequent among the crowd of persons who are undergoing that vaso-renal change to which "chronic Bright's disease" is the term most commonly applied. In other cases neurotics are found with the uric acid formation, who seem to owe their "insufficient" liver to hard intellectual toil on the part of their fathers. Nearly every American lady of this class has given me a history of the long and usually successful efforts of her father. "The fathers have eaten sour grapes, and the children's teeth are set on edge." There seems some law of antagonism betwixt the tissues of the epiblast and those of the hypoblast. Long sustained demand upon the brain as "the organ of mind" tells upon the viscera. The liver suffers therefrom; and the progeny of the hard-working brain-toiler comes into this world with an unsufficient liver. Clifford Allbutt, F.R.S., some years ago pointed out clearly the mental causes of Bright's disease, in an address which attracted much attention at the time and since. Not only does my experience fall in with his as to the individual, but it seems to teach a further lesson—viz., that hard sustained brain toil has its Nemesis in an insufficient liver, which reverts to the uric acid formation. The bright, high-souled migrainous-neurotic, one of the most charming patients who enter the physician's consulting-room, owes her fortune and her liver alike to her father's toil, which is rather a hard nut to crack for those whose ambition it is to make a fortune.

Thus we see there are many factors—and some of them little suspected—at work in the genesis of Bright's disease. Nor is it inaccurate to say that it is a disease becoming daily more common in "this madly striving age." More familiarity with its causal relation ought to develop definite preventive measures.—J. Milner Fothergill in, *Lancet*.

SANTONATE OF CALCIUM is said to be more efficient as a vermifuge than santonin, while at the same time it agrees better with the stomach.

INTERNAL DERANGEMENTS OF THE KNEE-JOINT AND THEIR TREATMENT BY OPERATION.

Dr. Annandale reports four cases of displaced semilunar cartilage successfully operated upon by the following method :

"An incision is made along the upper edge of the tibia, on the side corresponding to the cartilage displaced, and it should extend from the border of the ligamentum patellæ outwards or inwards, according to the cartilage affected, for a distance of about three inches. The tissues having been divided, and the synovial membrane exposed, all vessels should be secured before the joint is opened. This having been done, the synovial membrane is incised in the same direction as the external wound, and the parts examined. A blunt hook is then inserted, and hooked round the anterior margin of the displaced cartilage, which is in this way brought into its proper position, and held there while two or three interrupted catgut sutures are passed through it and the periosteum and fascia, over the edge of the head of the tibia. In this way, the cartilage is firmly secured in its proper place. The edges of the external wound are then brought together by sutures, and the dressing and a splint applied."

These four cases bear out the following facts :

"1. That one or other of the semilunar cartilages—most frequently the internal one—is liable to be displaced, and to cause more or less interference with the movements of the knee-joint.

"2. That this displacement may be slight—as is most common—or severe, and that the amount of displacement depends upon the extent of separation of the attachments of the cartilage.

"3. That it is the anterior attachments of the cartilage which are most frequently separated."

The diagnosis he considers is usually readily made, yet it is sometimes impossible to reach a positive conclusion, and in these cases he advises an exploratory incision, if the disability is really seriously interfering with the patient's comfort or usefulness, which will enable one to ascertain the cause of the trouble and at the same time remove it.

The writer also reports three cases of growths in the interior of the knee-joint successfully removed by an incision made as for the fixation of a cartilage.

The first case was that of a woman aged twenty-one, who, one year before the operation, had twisted the joint. Since that time had had much pain and limited motion with a tendency of the joint to "catch," and was thus prevented from taking active exercise.

The joint was normal in appearance except for

slight fulness just internal to the ligamentum patellæ, at which point pressure caused pain.

On opening the joint the cartilage was found in its normal place, but "a small mass of fatty and fibrous texture was lying over the inner and anterior margin of the cartilage where the fulness existed. This growth was connected to the synovial membrane, and was moveable, and could be drawn forward." The growth was drawn forward and stitched to the periosteum on the upper edge of the tibia, to fix it and prevent its passing between the joint surfaces. The patient recovered with perfect motion.

The second case was almost an exact reproduction of the first, but in this the greater part of the growth was cut away before its base was fixed by sutures.

The third case differed from the others in that a moveable body could be felt on the outer side of the joint, which, on removal, proved to be a myeloid sarcoma. This case also did perfectly well.

Judging from the results in these three cases, and in others mentioned below, the writer concludes that when such a growth is recognized in a knee-joint, it should be removed or fixed by an operation if there is no other joint disease except synovitis.

In the *American Medical Record* for June, 1886, there is an interesting paper on the subject, by Dr. R. F. Weir. Dr. Weir records two cases of his own and one of his colleague, Dr. Bull, in which tumors were removed from the knee-joint. In one case the tumor was composed of "vascular connective tissue, rich in fat and connective-tissue cells." In the second case the growth was a "fibro-sarcoma," and in the third the growth was a "giant-celled sarcoma." Weir also refers to other cases published by Simon, Volkmann König, and Lauenstein. Barwell ("International Encyclopædia of Surgery") mentions that he removed two fatty growths from the knee, one being situated upon each side of the ligamentum patellæ. He expresses the opinion that some of these growths are formed in the subsynovial tissue, and gradually bulge into the joint. Volkmann, under the term "lipoma arborescens articulorum," has described a condition of multiple fatty growths having their origin in connection with the fringes of synovial membrane.

The last case in the paper is that of a woman aged fifty-five, who for several months had had pain and stiffness in the right knee-joint, and latterly had noticed that free movement of the joint was prevented by some thing "catching inside the joint." Just outside the ligamentum patellæ a hard body was felt, and an incision parallel to the outer border of the ligament was made, exposing this body, which was an outgrowth of the articular surface of the femur. It

was removed by a chisel, and measured one-half inch in length and one-quarter of an inch in diameter at the base. The patient was discharged much improved.

It is well known how commonly out-growths of chronic arthritic origin cause interference with the movements of this and other joints, and it cannot be said that such cases are very favorable for operative interference; but still I think that in cases where a single and distinct growth is causing much pain or stiffness, the question of an operation may be taken into consideration, and the case just recorded proves that the removal of such a growth may be successfully performed, and may also, even if not perfectly relieving the symptoms, improve them. It is not an operation that I would wish to urge very strongly, and the general condition of the patient, the condition of the joint, and his or her wishes—the question having been properly explained—would influence me in advising its performance.

Lastly, in opening the knee-joint for the removal of growths, the incision will be best made over the position of the growth, if it can be felt. Should its exact position not be determined, and the case be one suitable for operation, I would suggest that the incision advised for the fixing of the internal semilunar cartilage be employed, as it was found very convenient in the three cases reported.—*Brit. Med. Jour.*

MEDICAL NOTES.

For *migraine*, a remedy of the foremost importance and value is *Cannabis indica*.

Urethral hemorrhage arising from a urethrotomy was arrested by Prof. Gross by passing a hot bougie.

Prof. Bartholow states that we should try gelsemium in the severe cases of *chorea* which resist the ordinary treatment.

Caff.-iodoform, a mixture of two parts iodoform and one part coffee finely powdered, makes an efficient external application, in which the odor of the iodoform is almost entirely covered.

Prof. Bartholow treated *gonorrhœal rheumatism* by small blisters around the affected joints, using cantharidal collodion, and gtt. xv of tinct. chloride of iron, four times a day.

Quinine gr. viij, stimulus f3viij per day, and gtt. xx of dilute nitrohydrochloric acid every three or four hours, is a routine plan of treatment for *typhoid fever* in the Pennsylvania Hospital.

As a *stomachic tonic* Prof. Bartholow prescribed the following:

R Acid. phosphoric. dilut. . . f3j
Strychninæ sulph. . . . gr. j. M.

Sig.—Ten drops in water before meals.

Dr. Longstreth recently showed the class at the Pennsylvania Hospital some cases of *tonsillitis* which had simply been treated by applying turpentine stupes to the neck, with gratifying results.

In giving *quinine*, it is well to combine with dilute hydrobromic acid; it renders the disagreeable cerebral effects much less, does not interfere with its action, and renders it more soluble, while it really adds to its efficacy.

A case of *strumous synovitis* of the knee-joint was recently treated locally by Prof. Gross as follows, with good results:

R Iodoformi.
Vaseline āā 3j. M.

Sig.—To be rubbed into the part.

Prof. Bartholow prescribed as follows for an *aneurism of the ascending aorta*: gr. ij of Squibb's aqueous extract of ergot three times a day, and gr. xx of iodide of sodium four times daily, both to be kept up for a long period.

The best treatment for a *bunion*, in Prof. Gross' opinion, is the following: The patient should wear a broad boot, apply a blister to the bunion, remove the skin, and then freely apply a mixture of cosmoline and tannic acid, equal parts.

Perhaps it is not known that the disagreeable effects which a *sea voyage* or a railway journey have on some persons can be averted by getting the patient under the effects of a bromide before starting, and continuing in small doses during the trip.

A case of *infantile eczema* of six months' duration was cured by Dr. Meigs in one week with the following:

R Unguent. zinci oxidi.
Ung. petrolati āā 3ss
Hydrarg. chlorid. mitis . . gr. x. M.

Sig.—Apply freely.

Belladonna given internally will often give very satisfactory results in *prurigo senilis*. It may be given with *nux vomica* as follows:

R Extract nucis vomicæ.
Extract belladonnæ, . . . āā gr. ¼

Ft. pil.

Sig.—Take morning and evening.

When no reasons can be found to exist by which *impregnation* is prevented in cases of sterility, it may be advisable to order the patient to abstain from copulation, except for two days following the menstrual flow. If this fails, coition may be allowable during menstruation.—Parvin.

Thaline in gr. iv doses has a remarkable influence over *high temperatures*, as shown in two cases exhibited by Prof. Da Costa at the Pennsylvania Hospital, in one of which a temperature of 105°

occurring in cerebral rheumatism was reduced to normal in three hours by the above dose. Its action is accompanied by profuse sweating, and no bad after results.

For a crying, irritable, peevish infant, Prof. Bartholow speaks very highly of the following :

R Sodii bromidi gr. v.
Mist. asafetida fʒj. M.

Sig.—*Pro re nata*.

If there be no flatulence, simply give the bromide in camphor water.

In using *felt splints*, they should be softened in hot water before applying, then allowed to harden on the limb. They should then be removed and coated with shellac varnish to give them the property of supporting power. Otherwise they are of little use, for they allow the fragments to become easily displaced.

Prof. Parvin claims that one of the best local applications for *diabetic vulvitis* is a four per cent. to ten per cent. solution of cocaine hydrochlor. For *aphthous vulvitis* local applications of iodoform are always successful. It relieves the itch and the pain. Dust freely on the parts once a day, and in the meantime keep the labia separated by antiseptic cotton.

Prof. Da Costa believes *adonidine* to be a marked addition to our *heart tonics*, but it can never supersede digitalis, because it lacks its diuretic properties. The nearer the heart is dilated and the more a tonic is wanted, the more is adonidine indicated. In a case recently presented at the Pennsylvania Hospital with dilatation and mitral lesion, gr. $\frac{1}{10}$ three times daily, afterward four times a day, was given with most marked benefit and improvement. The heart's action became stronger and more forcible, the pulse became full and regular, and the dyspnoea and vertigo ceased. As its name indicates, it is derived from the plant *Adonis*.—*Coll. and Clin. Record*.

NEUROTIC SYMPTOMS ATTENDING THE MENOPAUSE.

This patient comes to us with the history that she is sixty years of age, that she has had three children, the youngest of which is thirty years of age. The menopause occurred ten years ago. She complains of a burning pain in the pelvis. On vaginal examination, I find a cicatricial band at the neck of the womb. We not infrequently find women about this age complaining of a burning pain in the abdomen, running down through one iliac region to the vulva. This, to my mind, is a neurosis, and it is one that is very difficult to cure. The change of life usually does not require

a long time, and, as a rule, at the end of that time the woman is well ; but she may present a condition of this kind. Under these circumstances I always give the bromides, and a favorite prescription with us is the following :

R—Ammonii chloridi, 2 dr.
Ammonii bromidi, 4 dr.
Tinct. gentianæ co.,
Aqua, aa 3 oz.

M. Sig.—A tablespoonful, in water, before each meal.

I always give with the bromides a bitter tonic, to counteract their depressing effect. I am fond of using the ammonium chloride, on account of its stimulating effect on all the enuncitories. The ammonium bromide is used instead of the potassium salt, because it makes a neater prescription, and also because its effect is less depressing. Another formula, which I frequently employ in these cases, I may as well give you now. It is my pil. *sumbul comp.*, sugar-coated, by Bullock and Crenshaw :

R—Acidi arseniosi, 1.40 gr.
Ferri sulph. exsiccati,
Extract sumbuli, aa 1 gr.
Asafetida, 2 gr. M.
Ft. pil. j.

Sig.—One after each meal. If this does not have the desired effect, the dose may be increased.

I am disposed to think that the burning of which this patient complains is purely a neurosis. It seems incredible that at this time of life it could come from the ovaries, but it may come from the plexus of nerves in the neighborhood of these organs. There is another form of burning to which I desire to refer. Women about the change of life, or past it, will speak of a burning of the vulva, usually accompanied with itching. My advice is, under such circumstances, always to examine the urine for sugar. If the woman is at all stout, there is probably sugar in the urine. It has been supposed that it was the presence of the sugar in the urine trickling over the parts that caused the pruritus. This may be so in a few cases, but in the majority of instances the itching is a neurosis. In the treatment of these cases, local applications, with remedies directed to the glycosuria, are required.

There may be at this period of life a burning, accompanied with itching, which may be due to a senile catarrh with an acrid leucorrhœa. The discharge comes from the cavity of the womb, and while it may not be sufficient to attract attention, it may be sufficient to cause itching. I have found that curetting the womb was the best way of getting rid of this form of burning. With this I associate internal applications.

These women will often come to you with the statement that they have a tumor, when the whole

trouble is that they have nervous flatus, causing distention of the abdomen. I wish that I could find a theory which would satisfactorily explain how it is that, in certain conditions of the nervous system, there will be the sudden distention of the abdomen with flatus. I am disposed to think that gas may be rapidly generated in the human body. Otherwise it seems impossible to explain this. The patient's attention is called to the swelling by the fact that the clothing is tight, and she will come to you with the statement that she has a tumor. Indeed, I have had physicians send me patients whom they thought had a tumor, when the whole trouble was due to a collection of wind. In such a case there would be resonance all over the front of the abdomen. This is a diagnostic sign. Another is, that by taking hold of the abdominal walls, you can lift up a large fold of skin, so that there would be no room behind it for a tumor of any size. Then if you percuss, you will find no evidence of a tumor. Of course, this does not serve to exclude a small tumor, but the patient consults you on account of a large swelling.—*Dr. Goodell, in the Polyclinic.*

NEW UTERINE REPOSITOR.

The plan of reducing a retroversion or retroflexion of the uterus by the rotation of the sound within that cavity, besides occasioning a good deal of pain to the patient, has also the serious disadvantage of almost certainly causing abortion (should the patient happen to be pregnant at the time); and this is by no means an easy thing to determine beforehand, should the patient have borne children previously. In cases of very recent retroflexion or version, it will sometimes be sufficient to place the patient in the knee-elbow or knee-chest position, when by raising the perineum and posterior wall of the vagina with the duckbill speculum, the atmospheric pressure alone will ef-



fect the desired result. But where the complaint is of longer duration, it will require some additional pressure to replace the organ. In these cases I avoid having recourse to the sound, by using the instrument depicted in the accompanying woodcut, which acts on the principle of the Hodge's pessary. The patient being in the knee-elbow position, the top of the instrument is placed in the posterior *cul-de-sac*, when by slight but firm pressure in the downward and forward direction (using the heel of the duckbill as a fulcrum, if necessary), it will be found that reduction is easily accomplished with the minimum amount of pain to the patient.

On the instrument being removed, and while the patient retains the same position, a Hodge's pessary, of suitable size, can be introduced with facility, and, on the patient resuming the erect position, the sense of relief will be at once experienced. The instrument will also be found useful for applying steady pressure to tumors occupying either *cul-de-sac*, and with ordinary care, it will be almost impossible to do injury to the surrounding structures. Having experienced the value of the instrument in the cases I describe, I have confidence in recommending it to others. By the use of the means described, I have reduced a retroflected uterus of eight years' duration, where the usual means, position, and use of sound had failed altogether.
A. DUKE, Dublin.

TRAINING.—The victory of Cambridge this year in the boat-race has given rise to many comments as to the mode of training best adapted to get crews into condition. It has been stated that Mr. Bristowe, the President of the Cambridge University Boat Race, allowed fish, entrées, puddings, and dessert for dinner through the whole course of training, and did not insist upon the monotonous and excessive flesh diet usually enforced. For some years past there has been a growing tendency to adopt a more rational plan of feeding and to permit a greater range of carbohydrates and hydrocarbons in the diet. Indeed, the more varied the food the better the health of the individual, and as training was defined by Professor Parkes as a method of obtaining the highest degree of vitality, a scientific mixture of the various principles of diet is called for. With hard muscular work at a quick pace more animal food is necessary than for ordinary work, but this should never be given in excess, and beyond what the digestive secretions are able to dispose of; one pound and a half is certainly as much as is required. In giving carbohydrates, care should be taken that they are well cooked and are of a digestible character. Rice, sago, and tapioca puddings are excellent; but potatoes should not be indulged in in any quantity, as they are apt to cause flatulence—that bugbear of the trainer knows as “inwardful.” The hydrocarbons should be supplied by a liberal allowance of butter; the men should be encouraged to eat the natural fat on the chops and steaks, and not cut it off as they have been directed to do, whilst meat with plenty of fat on it is usually more tender than lean. Fresh fruits should also form part of the daily dietary, since these supply the alkaline salts so useful in keeping the blood in a healthy state. The chief article to be avoided in training is sugar, especially sugar with pastry; it tends to cause acidity and promotes “biliousness.” The question among trainers is the amount of fluid permitted. Under the old

system great cruelty was often practiced by keeping men, especially during hot weather, on a strict allowance; this was a mistake. On the other hand, man should not be allowed too much freedom in this respect, for fear of diluting the digestive fluids; it is well, therefore, to keep this within physiological limits. A man of 12 st., under ordinary circumstances, eliminates about three pints and a half from the body daily by the skin, lungs, and kidneys; with strong and quick work, he probably gets rid of a pint and a half more. Five pints of fluid would therefore be sufficient for most men. As training advanced and the elimination became less, the quantity might gradually be reduced. At the beginning of training slight excess of the physiological requirements might be permitted, as it would help tissue metabolism and carry off the waste products formed in consequence of increased muscular activity.—*Lancet*.

PHYSIOLOGICAL ACTION OF NITROUS OXIDE GAS.—Dr. Dudley Ruxton has communicated two valuable papers upon the above subject to the Odontological Society, based upon numerous clinical observations and experiments. The effects of nitrous oxide inhalation upon the mammalian organism are, he says broadly speaking—1, a condition of anæsthesia; 2, an emotional state, provoking a sensation of exhilaration—in fact, it plays the rôle of a stimulant; 3, it gives rise to modifications of the respiratory and 4, circulatory systems; and 5, provokes marked muscular movements which may be classed as (a) rigidity and (b) jactitations. The anæsthesia produced by nitrous oxide is not dependent upon analgesia or loss of sensation of painful impressions of the sensory end-organs, such as that produced by cocaine, etc., or upon failure of the conducting sensory nerves, for sensation is retained until the perceptive powers themselves cease to receive; moreover, there is immediately anterior to the loss of consciousness a hyperæsthetic stage, therefore it may be concluded that the nerve centres are acted upon. The way by which nitrous oxide may enter the system, and is enabled to produce its special effects are—either that it gives rise to other bodies by changes in its chemical form, or by acting as an irrespirable gas and causing asphyxia, or by exercising a specific action, just as strychnine does. Dr. Frankland came to the conclusion that nitrous oxide was not decomposed during its sojourn in the body, basing his opinion upon analyses made of the air expired by rabbits when confined in an atmosphere of mixed air and nitrous oxide. In the first stage of asphyxia, that of dyspnoea, there is an increase in the respiratory movements, both inspiratory and expiratory; in the second of dominance of the expiratory efforts, culminating in general convulsions, in the last, exhaustion, with long-drawn inspirations, gradually dying out.

The blood-pressure during the first and second stages rapidly rises. Dr. Dudley Buxton has never observed an increase in the expiratory movements when N_2O has been administered, which are merely increased in number and depth, or expiratory convulsions, notwithstanding the gas has been pushed to its utmost limit, and from a larger number of sphygmographic tracings the tension in the arteries has been lower than normal. In experiments upon dogs, Dr. Buxton found that where a trephine-hole was made through the skull, during the inhalation of the gas the brain pulsations became more forcible and somewhat hurried; then the brain substance was seen to swell up, until at last it actually protruded through the aperture; whereas in a similar experiment, with the trachea occluded, the brain receded, sinking away from the opening. Other experiments showed that the heart's action was but little interfered with by nitrous oxide, even when inhalations were pushed until respiration was interrupted; during asphyxia, on the other hand, a rapid and continuous increase in blood pressure invariably occurred. The dose of nitrous oxide required to produce insensibility varied very considerably in different persons—a fact which supports the view that nitrous oxide exerts a specific action on the nerve centres. Dr. Buxton also discusses many other interesting points in the action of the gas, such as the occurrence of hallucinations.—*Lancet*.

A SIMPLE METHOD OF PREVENTING ARTERIAL HEMORRHAGE.—Dr. Muscroft, of Cincinnati, described in the *Lancet-Clinic* of April the 2nd, 1887, the following method of preventing arterial hemorrhage, which was entirely satisfactory in a successful amputation at the hip-joint, and a high amputation of the arm for elephantiasis:

"He proposed to pass a strong pin or needle under the femoral vessels *en masse*, high up in Scarpa's triangle, and then, by winding a cord around the exposed ends of the needle, protected by corks in a figure-of-eight turn, to secure sufficient pressure to occlude the artery completely. This method of compression before the operation could not possibly do any harm, and if properly applied there could be no danger of hemorrhage. The additional advantage would be secured that there were no tourniquets or bandages to slip when their points of resistance were removed by the disarticulation of the head of the femur, and the apparatus for controlling the hemorrhage was not at all in the way of the operator or his assistants."

As soon as the patient was fully under the influence of the anæsthetic, a needle one-eighth of an inch wide, slightly bent at the point, about the thickness of a dime, and four inches long, was introduced perpendicularly into the front of the thigh, about an inch and a half below Poupart's ligament. The exact point of entrance was one-

fourth inch internal to the combined sheaths of the vein, artery, and nerves. The point was pushed beyond the vessels, then turned outward until the needle had passed beyond them; the point was then pushed out through the integument. The needle was then behind the vessels and nerve. A piece of cord was passed under the heel and point of the needle, forming a figure-of-eight ligature. Before the ligature was applied the femoral artery could be felt pulsating strongly, but when it was tightened the pulsation below the needle had ceased entirely.

The compression with the needle and figure-of-eight ligature was entirely successful in preventing any bleeding from the brachial artery. The needle was introduced from before backwards, and parallel to the borders of the axilla. The point and heel of the needle were protected, as on the former occasion, by corks.—*Med. Progress.*

ARE SYPHILITIC ATTACKS MADE MORE PRONOUNCED BY THE WITHDRAWAL OF ALCOHOLIC STIMULANTS FROM THE INEBRIATE?—Dr. C. F. Barber, of Brooklyn, sends the following communication: "Voluminous as are the writings upon syphilis, I fail to find mention, save in a minor way, of the deleterious effects of alcohol upon the disease. True, we are cautioned again and again to induce our syphilitics to refrain from the use of alcoholic drinks, or, if habituated to their use, to curtail them as much as possible. But no stress seems to be laid upon the outcome of their abuse. It may be my misfortune to meet unfortunate cases, or perchance those made worse by neglect, but the fact impresses me most forcibly that the abuse of alcohol, while not retarding or checking the progress of the disease as to its ultimate results, causes relapses to occur more suddenly and with greater violence than they otherwise would. It may be objected that no inebriate (for it is from this class of patients I draw my inferences) takes care of himself as he should, to say nothing of following the directions of his physician. Granting the point of this statement, I nevertheless maintain that, while many neglect themselves to a dangerous degree, yet there are those who exercise more or less care and attend to their unhealthy condition. I have during my observations, extending through several years of service among this class of people, been forcibly impressed with the fact that syphilitics, as a rule, after the withdrawal of alcoholic stimulants by gradual reduction, suffer in a sudden and severe manner from the disease in some of its many forms. Whether alcohol has any controlling effect upon the disease I am unable to state positively, but certain it is that in some patients there seems to be a period of *stasis* during their excesses. I have in mind several cases in which the disease was dormant for a long period, and suddenly reappeared after a prolonged debauch.

In one case this was marked by a most severe laryngitis, causing loss of voice, difficulty in swallowing (to such an extent that nothing but fluids could be taken, and these only in small quantities), swelling of the tongue, and sordes upon the tongue and inner side of the cheeks. This patient retired in apparently good health, but upon awaking the next morning found himself in the condition I have described. Another case is that of a man who invariably, after one of his debauches, is the subject of a syphilitic ulcer on the anterior pillar of the fauces. A third has to combat a serpiginous ulcer over the crest of the tibia. A fatal case which came under my observation was that of a laborer who had contracted syphilis previous to a prolonged debauch, which terminated only after he had been sent to an institution for the cure of inebriety. After being restored to apparently his healthy condition, and while at work among his fellow-inebriates, he was complained of on account of a terribly offensive odor which emanated from him. This could not have been a result of neglect of cleanliness, for he was compelled to bathe frequently. Upon examination he gave a syphilitic history, but said that he had not been troubled for some time by any manifestations of the disease. Upon the removal of his clothing there were found syphilitic papules scattered over his body, and his scrotum was found to be a complete mass of ulcers. There were also ulcers upon the inner side of each thigh. The testicles were no doubt involved; but the condition of the scrotum forbade handling, and the internal parts of the sac could not be examined. This condition had all come on within three days, as the patient had had his bath and a change of clothing, under the eye of a reliable person, but three days previous, at which time he was apparently in a perfectly healthy condition. Many other cases, varying as to intensity, might be cited, but these are sufficient to illustrate my belief. It is well for those who have the troublesome malady of inebriety to contend with to be on their guard, and at the first indication of a syphilitic nature take the case well in hand, and, by proper treatment, alleviate the sufferings which through neglect might cause results of the gravest nature."—*Med. Rec.*

VENTILATION OF SHIPPING.—The ventilation of ships of war and of merchant vessels has hitherto presented almost insuperable difficulties, from the fact that considerations of speed, stability, draught, carrying power, and strength must necessarily be of paramount importance. In the P. and O., Cunard, and other "liners," indeed, the ventilation of the deck cabins leaves little or nothing to be desired, but such an arrangement is obviously out of the question in an ironclad, while the berths of second-rate passenger vessels and merchant ships

are for the most part simply unfit for human occupation. All methods as yet proposed for the ventilation of the 'tween decks, if they do not, like those of Perkins and of Theirs, depend on the rolling movement of the hull, at least require progression as an essential condition of their efficiency, and are totally inactive when most wanted, as when moored in a tropical port. Fans enclosed in shafts have, it is true, been tried with some degree of success, but the space they occupy and the amount of mechanism which their multiplication would necessitate preclude their application to each cabin or compartment. A novel method, which may be seen at work at Messrs. Green and Sterkman's offices, 91 Queen Victoria Street, E.C., seems to offer complete solution of the problem. Its principle consists in the conveyance of compressed air from a central compressor, by common iron gas-pipes, to the several chambers, where it is discharged through nozzles in specially constructed tubes or channels communicating with the open air. The secondary current set up in these is more than twenty times as great as that proceeding from the nozzles themselves. These channels may be arranged to act as impulsion or exhaustion tubes, so that the air of the compartment can, if desired, be entirely changed in five or ten minutes. On board steamers and in factories the compressor may be worked by the engines employed for other purposes at the same time.—*Brit. Med. Jour.*

DISGUISED FORMULÆ.—An American professor recently discussed in a clinical lecture the advisability of letting patients know what medicine they were taking. Obviously this must depend to a great extent, upon the patient; no small amount of tact and discretion is required in order to distinguish between those who would and those who would not be benefited by an explanation of the means to be employed. In dealing with a man of intelligence and education, there is always a temptation to enlist his confidence by affording him an insight into the nature and scope of the measures to be employed. But few medical men, probably, have escaped the disappointment of seeing their very reasons made use of to discredit their skill and impugn their ability. As a matter of fact, practitioners of mature age and experience of life seldom commit themselves to anything of the kind, or if, to gratify a patient's whim, they appear to yield to the temptation, their explanations are advisedly ambiguous. There is always a possibility that the patient may glean some information from the prescription. The official *Pharmacopœia* recognises the necessity of concealing the nature of certain preparations. Opium may be ordered under several different denominations without giving rise to the slightest suspicion of its presence. Mercury, another drug in reference to

which prejudice is general, has not been equally protected. "Hydrargyrum" is nearly as well known as the magic word "aqua." It is suggested that calomel might be written "panchymagogus querce anus," but the expression, though etymologically interesting, might prove as much of an enigma to the chemist as to the patient. The employment of the names of individuals is an effective if unscientific way of disguising the real nature of the substance ordered, where this is deemed desirable. Dover's or James' powder would checkmate the most curious and best informed of laymen, and with a small amount of archæological research it would be easy to baffle the most persevering querist. The tendency, however, is to discard these vestiges of a cruder system, and to leave to the patient the responsibility of following the directions which have been given him. As the art of medicine advances, the practitioner learns to adopt simple and practical methods of treatment which shall acquire for him the confidence formerly obtained only by mystery of demeanor and speech.—*Brit. Med. Jour.*

THE NEUROTHERAPY OF EPILEPSY.—Dr. C. L. Dana, in the *Quarterly Review*, gives the following plans of treatment of epilepsy, of different authorities.

The zinc treatment of Herpin was as follows: Give gr. ij 1-5 of zinc oxide ter. in die. Increase the dose by gr. three-fourths every week until gr. xj are taken t. i. d. Keep this up at least three months. It appears that Herpin subsequently used to add or alternate with ammonia-sulphate of copper or selenium.

The belladonna treatment of Trousseau:

Ext. belladon. fol. }
Pulv. belladon. fol. } . aa gr. 1-6. M.

Sig.—One a.m. and p.m. for one month.

Then increase the dose by one pill daily each month until twenty pills are taken night and morning. The treatment must be continued for a year.

Grover's method consists in giving the bromides in single doses at intervals of from two to five days, these single doses being gradually increased. Thus the patient takes one drachm on the first day, one and a half drachms on the third day, two drachms on the sixth day, three drachms on the ninth day, four drachms on the fourteenth day, and so on until the maximum dose of about one ounce is reached, when the drug is decreased in the same way.

I have found this a very good method if, during the intervals, tonics and adjuvant measures are employed.

The method of Meynert, in many cases is to give fifteen grains of bromide of potassium three times daily, and increase the dose by fifteen grains every time a fit occurs, until they are suppressed.

A mixture treatment like the following is recommended by Ball and Hanfield Jones :

1. Ammon. bromid.
- Sodii bromid. aa ̄ ijss
- Infus. valerianæ ̄ x.

M. Sig.—̄ ij daily, increasing until ̄ ijss of the bromides are taken daily.

2. At the same take a pill :
Ext. belladonnæ gr. ̄.
Zinci oxidi grs. iij.

M. Sig.—One, morning and night.

3. A drastic purge weekly.

An acid mixture for epileptics, which he found efficient in two cases which resisted other forms of medicine, was :

- Acid. hydrobromic. dil, 10 per cent. 3 j.
Atropinæ hydrobrom. grs. 1-200.
Zinci citrat. grs. iv.

M. Sig.—Take this t. i. d., and gradually double the dose.

A mixture alleged to be very efficient is :

- Potass. bromid. grs. xv.
Sodii arsenit. grs. 1-120.
Picrotoxin grs. 1-180.

M. Gradually increase—*Alienist & Neurologist*.

SCHÉDE'S METHOD OF DRESSING WOUNDS.—Prof. Mikulicz communicates to the *Przeglad Lekarski* an account of fifty cases of surgical operations which were treated by the method recommended by Dr. Schede at the last surgical congress in Berlin, viz., to allow blood to fill the wound and to lie between the lips after they were brought together, any deficiency in the quantity of blood being remedied by the use of the knife, the idea being that the blood either actually becomes organized or serves as a protection for the granulations as they are formed. The wound is covered with protective, to prevent evaporation. Prof. Mikulicz's observations included six resections of joints, four amputations, six dissections, two ligatures of arteries, seven extirpations of large tumors, etc. In thirty-six of the fifty cases union took place without suppuration, in four there was extensive formation of pus, in five superficial suppuration starting from the points of suture, and in the remaining cases pus had existed previously to the operation, and the disinfection at the time not having been complete, it continued subsequently. The general condition of the patients was highly satisfactory, even in those cases where suppuration occurred, the temperature in no case rising much beyond normal. The dressings were not removed or changed for at least a fortnight, sometimes not for a month. This appears to be of great advantage in the case of bone and joint operations where complete immobility of the parts is a desideratum. Other specified advantages attributed to this plan

are that wounds attended with a loss of substance rapidly fill up, and the cicatrices that form are peculiarly soft and smooth. Prof. Mikulicz does not find, as Schede did, that the existence of silver sutures in osseous lesions has any unfavorable influence on the cicatrization of the wound. He remarks that it is important not to bind the external dressings to tightly to the wound.—*Lancet*.

PLEURISY ONLY A SYMPTOM.—Dr. Frederick C. Shattuck of Boston (*Boston Med. and Surg. Jour.*) in his report on thoracic disease says: Those of our readers who have studied in Germany must have all been struck with the doctrine there so generally held, that simple primary pleurisy is a very rare affection. This view is not so widespread in France, but has there adherents. Germain See, for instance, classes pleurisy among the infectious diseases. Landouzy reports two cases confirmatory of this view, and formulates his opinion on the question as follows :

(1) "All demonstration is wanting of the dependence of acute primary pleurisy with effusion on exposure to cold, as is so commonly held.

(2) "Pleurisy attributed to exposure to cold is not a disease, like pneumonia, by the side of which nosographers persist in placing it, but simply a morbid, and always secondary condition.

(3) "Pleurisy, whether acute in onset and characterized by large effusion, or local, subacute, or chronic, is a symptom of disease.

(4) "Without absolutely denying the occurrence of pleurisy as due simply to exposure to cold, I believe it to be most exceptional, as rare as it is thought to be common.

(5) "The part played by exposure to cold is, in pleurisy, as in erysipelas, pneumonia and zoster, quite subordinate: the true etiological factor lies in a cause which was latent until the day when the exposure took place.

(6) "This genuine etiological factor, this determining cause is tuberculosis, often masked by the pleural effusion, and thus escaping recognition."

He goes on to say, further: "Any patient with pleuritic effusion is tuberculous, let him be vigorous, young, robust, and fat as you please; let him declare himself otherwise perfectly well and quite free from hereditary or acquired predisposition, unless the pleurisy can be attributed to an infection, (scarlet fever, puerperal fever, etc.), a dyscrasia (rheumatism), or a trauma (fractured rib, infarction)."

If this doctrine be true, all we can say is that tuberculosis is recovered from more frequently than has been supposed.—*Epitome*.

DISINFECTION OF DWELLINGS AND OF INHABITED ROOMS.—Drs. Guttman and Merke, of the City Hospital Moabit, in Berlin, have made an investigation as to the relative value of various methods

of disinfecting inhabited rooms, and have published the results in a paper in *Virchow's Archiv.* of March 2, 1887. The main points kept in view in the inquiry were that a satisfactory method should destroy the vitality of the bacteria, should not injure the house or furniture, should not be dangerous to the health of the persons in the house or of the person applying it, should involve the least possible labor in its use, and be as cheap as possible. The bacillus anthrax was taken as the test organism, and was dried in silk fibres and scattered through the room, on rugs, etc. Disinfection was attempted by rubbing the floor, ceilings, and walls with disinfectant fluid and by spraying the same on the rugs, etc. The solutions experimented with were a five per cent. solution of carbolic acid, and solutions of bichloride of mercury of various strength. Their conclusion is that a solution of bichloride of mercury, 1 to 1000, used as a wash and a spray, is the most certain, the cheapest, and in all respects the best for disinfecting inhabited rooms.—*Sanitary Engineer.*

ENGLISH AS SHE IS TAUGHT.—Mark Twain contributes to the *Century* a number of illustrative examples of the failure of teaching to educate the pupil, taken from a school-master's actual experience. From them we select a few with a medical bearing.

Physillogigy is to study about your bones, stum-mick, and vertebry.

Occupations which are injurious to health are carbolic acid gas, which is impure blood.

We have an upper and lower skin. The lower skin moves all the time and the upper skin moves when we do.

The body is mostly composed of water, and almost one-half is avaricious tissue.

The stomach is a small pear-shaped bone situated in the body.

The gastric juice keeps the joints from creaking.

The chyle flows up the middle of the back bone and reaches the heart, where it meets the oxygen and is purified.

The salivary glands are used to salivate the body.

In the stomach starch is changed to cane sugar and cane sugar to sugar cane.

The olfactory nerve enters the cavity of the orbit and is developed into the special sense of hearing.

The growth of a tooth begins in the back of the mouth and extends to the stomach.

Socrates destroyed some statues and had to drink Shamrock.

Ipecace : a man who likes a good dinner — *Phila. Med. Times.*

THE DANGER OF HYPODERMATIC INJECTIONS OF MORPHINE IN THE TREATMENT OF STRANGULATED

HERNIA.—Dr. Routier had operated twice for strangulated umbilical hernia ; the first operation was performed twelve hours after the strangulation and was a perfect success. He was not called to the second until five days after the onset of the trouble, and found gangrenous points scattered along about thirty inches of intestine ; he resected the entire affected part but the patient soon died. This patient had been treated with injections of morphine, which had relieved the pain and arrested the symptoms, and thus caused the grave error of permitting fatal temporization. He has ascertained that the use of injections of morphine is very common in strangulated hernia. Various cases have been published in favor of this treatment, but none are convincing ; it is impossible to understand how morphine can favor spontaneous reduction ; in that case it would be necessary for the strangulation always to lie in the ring and for the relaxation of the muscles to have an influence upon it, which is doubtful. Nothing, then, is further from being proven than the good results of this treatment ; on the contrary, its dangers are self-evident, since, by diminishing pain and vomiting, it permits temporization, which is always exceedingly dangerous, for the operation is acknowledged to be the more dangerous as it is delayed. The treatment of strangulated hernia by morphine should be very energetically rejected, and it should be held as an axiom that a patient with strangulated hernia should not be left until relieved.—*Annals of Surgery.*

EXPERIMENTS IN HYPNOTISM.—Hypnotism and Dr. Charcot continue the Parisian sensations of the day. A most interesting *stance* took place yesterday morning in the museum of the Salpêtrière Hospital. Dr. Charcot received a delegation from the Société de Médecine Légale, commissioned with examining the possibility of any one under hypnotic influence making or signing a will. A very curious experiment was made, in which a young girl, under Dr. Charcot's admonition, signed a paper, after having refused to do so for several minutes. She remembered having received the paper from one of the members of the commission. Dr. Brouardel then made her a present of fifty francs. The experiment tends to prove that, if such a thing is improbable, it is not impossible.

This study has become a passion among the medical men, who say it may greatly help legal procedure, inasmuch as by sending criminals to sleep and dragging their secret from them while under hypnotic influence there would be little fear of judges condemning the innocent for the guilty. A theft in the hospital was found out in this way by Dr. Marié, for many years Dr. Charcot's assistant. The subject refused at first to tell where the stolen object was concealed. After a little

diplomacy, however, on the part of the young doctor, who told the sleeping girl he was the young man from whom the card-case had been taken, and not to fear telling him where it was, she gave the detailed account of having stolen it, and told where the card-case was to be found. Dr. Marié immediately went to the spot indicated, where, sure enough, the stolen article was found.—*Paris Cor. New York Herald.*

THE TREATMENT OF ACNE.—LASSAR recommends the following paste for all forms of acne:

B naphthol.	10 parts.
Precipitated sulphur. . . .	50 "
Vaseline or lanolin	25 "
Green soap.	aa 25 "

This is to be spread upon the skin to the thickness of the back of a knife-blade, and left on for fifteen or twenty minutes, when it will cause a little burning. It is then to be wiped off with a soft cloth, and the skin powdered with talc. The skin soon becomes inflamed, then turns brown, and finally peels off. The desquamation can be hastened by the application of Lassar's paste with two per cent. of salicylic acid. When the desquamation has ceased, the acne will be found to be greatly benefited.—*Therap. Monatsh.*

ALMÉN'S TEST FOR SUGAR IN THE URINE.—Dr. Norderling, of Rockford, Ill., in referring to the defects of Trommer's test for saccharine urine, sends the formula proposed by Professor Almén, of Upsala, which, he says, possesses many advantages. It is reliable, and will keep unchanged for years. The following is the formula:

R. Caustic soda, Gm. 8 (ʒij.) in water Gm. 100 (ʒiiij.)	
Potassio-sodium tartrate	Gm. 4 (ʒiv.)
Bismuth subnitrate	Gm. 2 (ʒss.)

The urine is first to be tested by heat and nitric acid for albumen, and, if any is present, it is to be separated by filtration. In testing for sugar, one part of the solution is used to ten parts of urine. By means of this bismuth solution, Dr. Norderling affirms, sugar may be detected, when present in the proportion of only .05 per cent. The preparation of the solution should be intrusted only to a competent chemist.—*Med. Rec.*

A PATHOGNOMONIC SYMPTOM OF TUBERCULAR MENINGITIS.—In a paper read before the Chicago Pathological Society, Dr. Skeer called attention to a symptom which had not been mentioned in the literature on tubercular meningitis. The symptom is a small circle which forms in the iris, near to and completely surrounding the pupillary edge. It is very indistinct at first, but in from twelve to thirty-six hours, the whole margin of the iris will be involved, having become of a whitish or yellowish-brown color, and appearing irregular, thickened

and somewhat granular. This cloud-like appearance is in some cases very evanescent, which makes it necessary to examine the iris at every visit. If it can be shown that this condition is co-existing with meningitis it will be exceedingly easy to diagnose the tubercular stage of the acute stage.—*Med. Month.*

POINTS IN THE

It will be well to use IMMEDIATE USE.

tions of Dr. Otis them always have

1. Fully explain the popular remedy and their use.

2. Secure absolute preventing infection as nearly perfect the case will permit.

3. Soak the patient can be borne, but of micturition.

4. Recommend alkaline diuretics medication.

5. Secure absolute course and from the Perfect faith in and obedience to these simple formulæ, he insists, will insure a successful ending of all uncomplicated cases before the seventh week.—*Med. and Surg. Rep.*

TRANSPLANTATION OF HUMAN BONE IN A CASE OF UNUNITED FRACTURE.—Professor A. Poncet, of Lyons, reports the case of a man of forty-three years who suffered from an ununited fracture of the tibia, the ends of the bones being atrophied and 35 mm. to 40 mm. apart. He removed the first phalanx of the great toe, on a limb recently amputated, sawed off the articular ends, and split the bone in two. One of these halves, 26 mm. long, was fastened between the freshened ends of the broken tibia, with due antiseptic precautions. Fibrous union took place at one end, osseous at the other. There was no necrosis.—*Med. Rec.*

IN THE BRONCHO-PNEUMONIA of children the treatment in Paris is ipecacuanha to the extent of vomiting the patient occasionally, the use of the bromide of potassium to quiet the cough, and the free use of alcohol. No opium is given. Mild forms of counter-irritation are applied to the chest. In croupous pneumonia the treatment is expectant, and alcohol is used, though Professor Jaccoud gives tartarized antimony in the early stages when the patient is robust.—*Paris Correspondent of the Chicago Medical Journal.*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

THE CANADA LANCET.

**A Monthly Journal of Medical and Surgical Science
Criticism and News.**

All Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet, Toronto."

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TORONTO, JUNE, 1887.

*The LANCET has the largest circulation of any
Medical Journal in Canada.*

THE LATE DR. FULTON.

Since our last issue, the hand of death has fallen upon Dr. John Fulton, the editor-in-chief and proprietor of this journal. The illness which ended fatally was the result of a severe cold taken in the course of ordinary professional duties, and although it was severe, yet at first Dr. Fulton confidently expected to be all right in a few days. He did improve most wonderfully, so that on the Tuesday (the 10th inst.) before his death, he sat up in bed and occupied himself for at least two hours, in answering correspondence and other matters connected with the LANCET. But unfortunately, little as he expected such a thing, this was to be the last work to be done by the assiduous and ever faithful worker. For within a very short time afterwards delirium set in, and continued till Sunday, the 15th, when death closed the scene. His disease was typhoid pneumonia.

The loss of such a man as Dr. Fulton is one difficult to estimate. In every capacity he was faithful to duty. No family could have a kinder or more judicious head. He has left behind him a son and three daughters, whose well-being was the object ever nearest to his heart, and whose loss, in the sad and most unlooked-for removal of their only surviving parent, is simply incalculable. The family has, and will continue to have, the heartfelt sympathy of every one of their late respected father's wide circle of friends.

Dr. Fulton was born in the Township of South-

wold, Elgin County, Ontario, on the 13th of Feb., 1837, the year of the rebellion. His father was a highly respectable farmer of Irish origin. His mother's family had originally come from Scotland, and their son John very early showed all the quickness of the one race and the shrewdness and perseverance of the other. He began his early education when very young, and continued for several years at school, always one of the best behaved and most advanced of the scholars.

He continued at home on the farm till he was 18 years of age, when his health, never robust, although as a rule good, was such as to warrant him in seeking a less laborious and more congenial occupation. He became a school teacher, having obtained successively several certificates, and was as usual, not very long before reaching the highest grade. As a teacher he was, wherever he taught, most successful—seeing clearly himself every point he desired to teach others, he had the somewhat rare but invaluable power of making it clear and simple to every pupil—a power which characterized him all through life in his subsequent career as a prominent professor of various branches of medical science.

He began his medical studies under the supervision of Dr. J. H. Wilson, of St. Thomas, a highly respected medical man, still engaged actively in his profession. From the moment of his entrance on his professional studies he was characterized by unrelenting zeal—never being idle, doing as much work in the way of study in a week, as would take most young men a month to master. In due course he entered the medical school, so long and so successfully carried on by the late Hon. Dr. Rolph; And here, he at once ranked as one of the best men of his year. He was ever most ambitious, and was not content with matriculating as usual in medicine alone, but also matriculated in arts at the University of Toronto, taking a high position in this examination.

After completing his course he graduated at Victoria University, of which at that time Dr. Rolph's school was the "Medical Department." He also went up for his examination and graduated in medicine at the University of Toronto. He had hardly taken his degree in Canada, when he went to New York and spent some time attending with his customary regularity, Bellevue Hospital in that city, and very shortly left for

England where he spent all the time at his disposal in the hospital wards and at his studies. He successfully went up before the Royal College of Physicians of London and the Royal College of Surgeons of England, and obtained the licence of the one and the membership of the other. He then visited Paris and Berlin for a brief space, and as usual was found following the great masters of these capitals around the hospitals, never losing sight of his great aim—the increasing of his already large store of professional knowledge. Shortly after his return to Canada he was married (Jan., 1864) to Miss Isabella Campbell, of Yarmouth, Ont., whose premature decease in October, 1884, all but crushed his heart, and who was deservedly loved and respected by all who knew her.

Dr. Fulton settled in Fingal, Ont., for the practise of his profession, and had not been there long before he was tendered by the late Hon. Dr. Rolph and accepted the professorship in Anatomy, in the medical school of which he had so recently been a distinguished student. His duties as a professor were begun with enthusiasm, and as a medical teacher he was a success from the very first. Not content, as most men of his early age would have been, with the high position he had already reached, he attended University College classes in arts, with the intention of graduating in arts at the Provincial University. This intention, owing to constantly increasing duties, he had most reluctantly to abandon; for he greatly disliked to give up any plan on which he had deliberately set his heart. In addition to his professional and professorial duties, in 1867 he began and shortly completed his work on Physiology, which was for years highly prized by successive classes of students, as giving a clear and succinct epitome of that subject in the briefest possible compass, and which he subsequently re-wrote and enlarged for a second edition. In 1869-70 he lectured on physiology and botany with the same acceptance as had characterized his lectures on anatomy.

In 1870 he busied himself, in addition to other duties, in writing a work on *Materia Medica* which, however, from stress of other labors, was never completed. This year he sent in his resignation of his chair in the college, owing to difficulties which had arisen, and in consequence of which Drs. Rolph, Geikie, and Fulton resigned together; Dr. Fulton consented, however, on being requested

to do so, to withdraw his letter of resignation. In August, 1870, he bought from its then proprietor the *Dominion Medical Journal*, which had been carried on for a short time, and into which Dr. Fulton at once infused life and vigor. He changed its name to the CANADA LANCET, under which title it appeared for the first time in September, 1870, and under Dr. Fulton's indefatigable editorship has been continued ever since; the LANCET having in that time risen from having hardly any influence and a very small circulation, to the position it now holds, of being the most influential and widely circulated medical journal in the Dominion of Canada; a change effected by its proprietor's amazing and continuous industry, aided by his great business tact. In March, 1871, Dr. Fulton finally resigned his chair in Victoria College Medical School, and was offered and accepted the professorship of Physiology in Trinity Medical College. This he continued to hold, and to discharge its duties with distinguished ability and satisfaction to all concerned until a few years ago, when he succeeded his colleague, Dr. Bethune, on that gentleman retiring from the chair of Surgery. This chair, he filled ably and well till his death, and in connection with it, he was also one of the surgeons to the Toronto General Hospital, which institution has in his death sustained a severe loss.

As an editor of a medical journal, our readers do not need to be told that Dr. Fulton was earnest, painstaking, and thorough in a most unusual degree. The same, too, may be said of him as a medical teacher, and indeed in every other relation in life where he had duties to perform. He was for nearly twenty years before his death a member of Knox Church, Toronto, and one of the trustees of that church. Here, his advice and remarkable clear-headedness will be much missed. His memory will be long cherished, and his example it is to be hoped will be followed by not a few of our young medical men. For as Dr. Fulton made himself what he was, by his persevering efforts, for he was essentially a self-made man, they too, by doing and working as our departed confrère did, may come to occupy the highest positions in public and professional influence and respect.

TEN per cent. of the whole amount of alcohol manufactured in the U. S., is used for medicinal purposes.

UTERINE HEMOSTATICS.

Hemorrhage from the uterus is of such frequent occurrence, and so often of serious import, that means for its arrest have been sought for in all ages. Experiments with countless agents, having this object in view, have been made, from the earliest period of which we have any record, down to the present day. Many of these agents have been vaunted at various times as specifics, and physicians have exultingly exclaimed, Eureka! I have found it. But further experience failed to establish their alleged virtues, and when weighed in the balance by time, they were found wanting. The vegetable and mineral astringents long held undisputed sway, and up to a comparatively recent date occupied the first place as hemostatics, but like their antecedents, failed to maintain their position, and were justly superseded. They only held this position so long, because of our want of knowledge of something better, and not because of their innate and established virtue. Yet many learned and conscientious physicians placed implicit confidence in them in former days. We well remember our professor of obstetrics repeatedly asserting, that if deprived of acetate of lead, he would "abandon the practice of midwifery," yet, who at the present day places any reliance on that remedy in uterine hemorrhage? It is difficult to conceive how astringents could exert any valuable styptic power, when passed through the system. Only a possible infinitesimal portion in homeopathic dilution could get to the bleeding vessels. But doubtless it was thought by our fathers that they acted "dynamically." Their employment for so long a period, only proves the besetting tendency in medicine to self deception, even among the most cautious and conscientious. Nor can we boast of freedom or exemption in this respect, for doubtless many of our favorite remedial agents will be superseded in future, as medical knowledge progresses.

The inclination at present is to rely less on internal remedies, ergot alone excepted, and more on such agents as water, heat, and electricity. Contraction of the muscular fibres of the uterus and of blood vessels is the object to be attained, hence the agents which accomplish that most rapidly and effectually, are the ones indicated. Mechanical

irritation of the uterus internally and externally, removal of foreign bodies, injections of hot water, which in addition to its mechanical action, produces specific effect, by heat, and the application of electricity, the most potent and rapid stimulant to muscular fibre known, are the agents now chiefly employed, and with much better results, than those produced by any former treatment. Styptic liquids injected into the uterus are sometimes employed with good effect, but the danger of setting up severe irritation, inflammation or some other morbid action, forbids their use except in extreme cases. Hot water applied by means of a rubber bag to the lumbar vertebrae, and injections into the vagina and even uterus, have been found more effectual in controlling profuse menstruation and uterine hemorrhage, and much less dangerous. The water should be as hot as can be borne, and should be continued until the hemorrhage abates or ceases.

The only internal remedy upon which reliance can be placed in acute cases, is ergot. This should be administered first, especially if the uterus be in an advanced state of development, either from pregnancy or from some pathological cause. But if it be of normal size, ergot is less effectual and cannot be relied on. Some few remedies, such as digitalis, etc., may be found useful to lessen the rapidity of the circulation, but they do not effect a cure. When hemorrhage results from dyscrasia, or some altered condition of the blood, and one attack renders the system more liable to a second, then iron, quinine, arsenic, etc., act slowly but effectually by improving the plasticity of the blood, and otherwise restoring it to a normal condition. Cannabis indica has been strongly recommended in hemorrhage caused by uterine fibroids, and in painful menorrhagia, but it is a very unreliable remedy. Opium and the alkaline bromides, from their sedative effects, may benefit some cases of menorrhagia but can hardly be classed among the uterine hemostatics. Hydrastis and hamamelis have recently been strongly endorsed for this purpose. It is claimed that they exert an undoubted beneficial effect on hemorrhages, passive congestions, and the pain which often accompanies these pathological conditions. Sufficient time has not elapsed to pronounce upon their merits. We can only hope that the virtues attributed to them may be established by more extended experience, and that they possess all that their advocates claim for them.

IODIDE OF POTASSIUM IN THE LATER LESIONS OF SYPHILIS.

The proper use of iodide of potassium in the later lesions of syphilis does not seem to be given the attention due it. This is particularly true of lesions of the nervous system. Our text-books do not seem to advocate the use of iodide of potassium in the quantities demanded in grave cases. Recent authority speaks of giving large doses, but does not urge the necessity for heroic doses in alarming cases. In cases where there are no alarming symptoms, twenty, thirty, or forty grains of the potassium iodide three times a day is ample. In these doses the symptoms can be watched and the doses increased in size to suit the endurance of the individual.

Syphilis of the nervous system, characterized by convulsions, hemiplegia, syphilitic hemispasms or coma, necessitates a quantity commensurate with the gravity of the cases; hence, in extremely unfavorable cases, from three hundred to five hundred grains should be given every twenty-four hours till the alarming symptoms are relieved. The drugs should be largely diluted. While several authors recognize the necessity of prompt treatment and large doses, they do not express the facts as forcibly as is required. We draw this conclusion from our experience with cases of tertiary syphilis that were under the care of physicians and treated for months without any apparent benefit. The iodide of potassium was employed in what was supposed to be large doses—twenty or thirty grains three times a day—without showing results. As soon as the dose was increased to fifty or eighty grains three times a day the effect was soon noticeable. Iodism or gastro-intestinal irritation is apt to follow the use of large doses, provided the drug is taken on an empty stomach, but if taken on a full stomach, or well diluted, no evil effects are, as a rule, noticeable.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—The following is the list of successful candidates at the College of Physicians and Surgeons of Ont. :—

Primary—Honors, H. W. Armstrong, J. H. C. F. Fisher, W. R. Wade. *Pass*—E. C. Arthur, R. K. Anderson, W. J. Armstrong, T. A. Amos, W. E. Almas, J. C. Auld, J. F. Brown, F. J. Bradd,

J. Brown, P. Brown, J. J. Brood, F. J. Bateman, W. W. Birdsall, U. E. Bateson, J. E. Bowman, G. M. Bowman, T. F. Bibby, James Bell, W. J. Bradley, W. C. Barber, J. D. Balfour, E. R. Bishop, H. Becker, W. P. Chisholm, James Campbell, G. G. Caron, E. Clouse, J. A. Cross, J. T. Campbell, J. H. Collins, W. H. Clarke, J. Crawford, A. W. Campbell, J. C. Connell, R. M. Cooper, C. A. Cline, J. A. Creasor, W. P. Chamberlain, G. K. Crosthwaite, W. H. Clapp, H. Chapple, J. Caruthers, F. P. Cowan, W. H. Cooke, Jennie S. Carson, J. Duff, M. C. Dewar, G. A. Dickinson, W. A. Dixon, G. F. Dryden, C. F. Durand, Lelia A. Davis, W. J. Early, W. Egbert, A. R. Elliott, Elizabeth Embury, A. T. Emmerson, G. F. Emery, C. L. Easton, H. C. S. Elliott, E. Evans, A. E. Edgar, W. A. Fish, F. F. Ferguson, A. B. Foster, T. A. Fitzgerald, J. B. Fraser, T. A. Ferguson, F. E. Godfrey, W. C. Gilchrist, J. C. C. Grasett, John Grant, J. A. Greenlaw, O. Groves, E. H. Greene, E. W. Gemmill, H. Grundy, A. J. Goold, W. H. Grooves, B. Hawke, W. E. Harding, R. G. Howell, A. H. Holliday, M. W. Hart, A. J. Harrington, J. S. Hart, J. M. Hotson, C. H. Hamilton, A. J. Hunter, F. B. Harkness, H. R. Hay, J. A. Howitt, W. Hall, E. H. Horsey, J. M. Henwood, S. Hutton, D. Henderson, T. H. Johnston, S. J. Jones, G. F. Jones, T. J. Jamieson, D. Jamieson, J. W. Johnson, H. W. Jeffs, W. Kerr, R. A. Kennedy, J. D. Kennedy, J. A. A. Kelly, I. J. Lane, F. Lawrence, Marion Livingstone, H. Mason, H. J. Meiklejohn, J. H. O. Marling, Albert Myers, D. Mitchell, G. Mark, C. N. Mallory, T. J. Moher, W. C. B. Murray, J. T. Manes, M. G. Millman, W. J. Moxwell, R. G. Montgomery, W. J. Milne, E. Meek, A. B. Macallum, H. A. Minchin, R. D. Moffatt, H. J. Mullin, B. Z. Milner, T. A. Moore, J. Mundell, P. J. McDonald, C. H. McLean, J. R. McCabe, T. J. McNally, J. Y. McLachlyn, H. A. McColl, C. J. McNamara, H. McEwen, A. M. McFaul, H. R. McCullough, J. McGillawee, E. McEwen, A. McKellar, T. L. McRitchie, T. P. McCullough, D. H. McIntosh, J. H. McFaul, sr., J. H. McFaul, jr., D. McKay, J. McBride, C. McLachlan, J. M. McFarlane, S. H. McCammon, A. L. McDonald, J. H. Nimmo, T. J. Norman, W. W. Nasmyth, J. P. Ogden, T. O'Neil, T. C. Patterson, D. H. Piper, J. A. Phillips, A. G. Patterson, R. H. Palmer, J. C. Patton, W. F. Pratt, T. A. Patrick, A. H. Perfect, J. F. Palling, L. T. Pare, W. R. G. Phair, H. D. Quarry, S. H. Quance, J. W. Ross, J. A. Ross, R. R. Ross, J. H. Reid, J. P. Roger, S. T. Rutherford, L. F. Ross, A. J. Reynolds, P. J. Rice, G. S. Rennie, D. A. Rose, J. B. Reid, R. P. Robinson, J. F. Rogers, A. W. Stinson, F. G. Salter, W. J. Stevenson, W. H. Smith, Geo. H. Shaver, D. J. Sinclair, F. N. G. Starr, G. Stewart, A. A. Smith, W. D. Scott, O. Sisley, E. Sisley, D. M. Smellie, W. A. Smith, W. A. Sangster, G. Silverthorne,

T. L. Stringer, Gustave G. Smith, Adam Thomson, F. G. Thompson, H. B. Thomson, H. A. Turner, P. W. Thompson, S. H. Thorne, J. Tyrrell, R. E. Walker, J. S. Wardlaw, J. J. Wiley, R. J. Wade, A. E. Wills, G. R. Watson, J. Webster, H. Wallwin, H. W. Westlake, A. J. Wilson, G. A. Whiteman, F. A. Wygle, A. F. Warner, M. Wilson, W. A. Whitney, W. M. Wright, L. Watson, S. R. Walker, T. S. Webster, H. W. Wilson, H. P. Wilkins, S. N. Young, H. A. Yeomans.

Final—T. A. Amos, Geo. Acheson, J. Appelbe, W. Armstrong, O. R. Avison, A. G. Allen, J. V. Anglin, James Bell, J. D. Balfour, J. J. Brown, A. D. Barnett, S. G. T. Barton, A. Bradford, J. W. Begg, G. G. Caron, E. Clouse, A. W. Campbell, W. H. Clarke, C. R. Charters, A. E. Collins, D. Cameron, J. M. Cameron, E. Campbell, G. F. Dryden, C. F. Durand, D. A. Dobie, C. L. Easton, Ed. Evans, J. H. Eastwood, A. J. Errett, W. A. Fish, A. B. Foster, A. E. Freeman, E. J. Free, Ada A. Funnell, J. M. Fraser, A. D. Graham, Jas. Gallaway, J. Guinane, H. P. H. Gallaway, W. R. Gillespie, W. J. Glassford, M. J. Glass, W. F. Graham, M. Gallagher, S. Hawke, M. W. Hart, H. R. Hay, Wm. Hall, J. H. Hoover, R. R. Hopkins, T. H. Halsted, S. J. Jones, G. F. Jones, J. W. Johnson, D. Johnson, M. James, R. A. Kennedy, J. A. A. Kelly, M. J. Keane, F. Lawrence, Marion Livingston, H. Lawson, A. E. Lackner, W. F. Loucks, T. A. Moore, J. Mundell, D. Mitchell, M. Mullock, J. A. Macmahon, C. F. Moore, M. Maybee, J. E. Mabee, C. H. McLean, A. M. McFaul, H. R. McCullough, E. McEwen, A. L. McDonald, D. P. McPhail, J. H. McCassey, T. McKenzie, C. D. McDonald, James McLurg, J. H. Nenimo, T. J. Norman, W. Newell, O. G. Niemeier, A. Ochs, D. H. Piper, A. H. Perfect, L. T. Pare, T. S. Philp, J. A. Palmer, A. F. Pirie, A. R. Pyne, S. H. Quance, James Rea, G. C. Richardson, J. W. Ross, R. R. Ross, L. F. Ross, D. L. Ross, J. B. Reid, W. J. Stevenson, George H. Shaver, G. Stewart, W. D. Scott, Gustave G. Smith, C. R. Staples, J. W. Shellington, W. O. Stewart, W. R. Shaw, J. C. Smith, D. Sinclair, W. A. Shannon, J. R. Shannon, A. J. Stevenson, R. S. Smith, Thomas Scales, Adam Thomson, S. H. Thorne, M. Tovell, J. M. Thompson, J. D. Thorburn, A. F. Warner, W. R. Walters, W. J. Walsh, A. E. Yelland.

ONTARIO MEDICAL ASSOCIATION.—In addition to the papers mentioned in our last two issues, the following have notified the Secretary, Dr. J. E. White, of their intention to be present, at the meeting to be held in Toronto, next Wednesday and Thursday, and give papers on the following subjects:—Dr. G. H. Fox, New York, "on the surgical treatment of lupus vulgaris, pustular

acne and hypertrichosim"; Dr. Groves, Fergus, "Prostatotomy"; Dr. Holmes, Chatham, "Puerperal Fever"; Dr. Adam Wright, Toronto, "Removal of Uterine Appendages"; Dr. Turver, Parkdale, "Reduction of temperature in acute diseases of air passages"; Dr. J. E. Graham, Toronto, "Case of Herpes Zoster, with pathological notes"; Discussion in Ophthalmology, opened by Dr. Rosebrugh, Toronto, "Some practical points in the treatment of diseases of the Eye"; Discussion in Surgery, opened by Dr. Strange, Toronto, "Points in the Minor Surgery of the general practitioner"; Dr. Macdonagh, Toronto, "Primary tuberculosis of the larynx"; Dr. Ferguson, Toronto, "Arsenical neuritis"; Dr. Murray, Thorndale, "Case of laceration of femoral artery"; Dr. W. H. B. Aikins, "Micro-organisms of puerperal fever"; Dr. Fenwick, Kingston, "Laceration of cervix uteri"; Discussion, Dr. Henderson's notice of motion for the formation of Medical Defence Union, for the purpose of defending or assisting members in cases of alleged malpractice, where unjust or groundless charges are brought against them. We look forward to an exceptionally interesting meeting, both as regards the subjects to be discussed, and the gentlemen taking part in them. A number of papers are expected, which have not been received at the time of going to press.

ADMINISTRATION OF OXYGEN IN CROUP.—Dr. Wagner, of Indiana, writes to the *Br. Med. Jour.*, suggesting the direct administration of oxygen as a substitute for tracheotomy or intubation in membranous croup. He mentions three successful cases, and reasons, that as the object of tracheotomy or intubation is to supply oxygen to the blood, this may be done as above suggested. He says the relief afforded is perhaps more rapid than by tracheotomy, and, he adds, the practice should have the following advantages: "The membrane cannot extend below the incision, and thus render the operation useless; it does not cause broncho-pneumonia, as intubation sometimes does; and all physicians are not prepared to tracheotomise or intubate, while anyone can generate oxygen and apply it. Also, oxygen seems to lend more strength to cast off the membrane, and the trachea is not encumbered by a tube or false outlet for expelling air from the lungs."

ON THE DIAGNOSIS OF LOCOMOTOR ATAXY.—Dr. Jonathan Huchinson in an able lecture, (*Med. Press. & Cir.*) on the "Surgeon's share in Locomotor Ataxy," after combating the prevailing doctrine that ataxy is simply a sclerosis of the posterior columns of the spinal cord, gives the following symptoms as aids to diagnosis. Let me, he says, disturb your faith in the cardinal symptom, that the patient is unable to steady himself when his eyes are shut, for though it is a critical symptom, it is by no means present in all cases, and is only one amongst a very large group of very interesting defects and failures in nerve function, which go to make up this exceedingly interesting and variable disease. A very useful question to put to a patient is, as to whether he can stand over the wash-hand basin without assistance during his ablutions, that is, without using his left hand to steady himself, if he can then he is not ataxic, or but slightly so. Next you have to investigate the Argyle Robertson phenomena, which is simply this, that the patient has a pupil which is small and incapable, or almost incapable, of dilatation, when the impulse of light on the retina is withdrawn, so that at first you might be tempted to record the fact that the patient had motionless pupils; they are simply in a condition they ought to be, when exposed to a full light. But if you try him at accommodation, and tell him suddenly to look at some small object and then at the sky, it will be found that when he converges his eyes on some close object, then his pupils manifest the power of contracting a little more, and when he looks at a distant object, his pupils will become a little, a trifle larger again, still the power of dilatation is very defective. Then, next in order, are the peculiar pains in the limbs, generally described as gnawing or rheumatic pains. Patients not infrequently come under the care of the surgeon, when these pains occur about the bladder and rectum, with the so-called "pelvic ache." To sum up the chief diagnostic symptoms, we have *ophthalmoplegia internum* or *externum*, the *gastric crises*, *retention of urine*, and *disturbance of the powers of defecation*, then *ulcus pedis perforans*, *amaurosis*, *Charcot's joints*, *pelvic aches*, and lastly *herpes*. Ophthalmoplegia internum is due to paralysis of the nerves governing the intrinsic muscles of the eye, seen in the Argyle Robertson phenomenon. Ophthalmoplegia externum is due to defective action

of the oblique and recti muscles. When bladder troubles are present, the patient may allow his bladder to fill even above the umbilicus, yet he makes no complaint as under similar circumstances a patient with stricture would do. The *ulcus pedis perforans* has these peculiarities, that the part is first numb, then a corn forms which ulcerates and gets deeper, and it is notable that while a healthy person would be unable to stand upon the inflamed or ulcerated corn, the ataxic patient goes on standing on the ulcer till it proceeds to an unusual depth. The presence of herpes along the course of particular nerves with a tendency to become symmetrical, difficult to cure and frequently returning should create suspicion.

FATAL TEMPERATURES FOR BACILLI.—The following temperatures are given by Dr. Sternberg (*Med. Times*), as being the degrees of heat necessary to kill some of the more important of these organisms :

Typhoid bacillus.....	132.8°
Cholera bacillus of Koch.....	125.6°
Anthrax bacillus.....	129.2°
Tubercle bacillus.....	212°
Pneumococcus.....	136.4°
Staphylococcus p. aureus.....	136.4°
Streptococcus of erysipelas.....	129.2°
Micrococcus Pasteurii.....	140°

PERMANENT FEHLING'S SOLUTION.—Dr. McCulloch (*Brit. Med. Jour.*) gives the following as plain directions for the above fluid. Sol. A. :

R—Cupri sulph. (cryst.), . . . grs. 181
Aque, ad. 3 vj.—M.

Sol. B. :

R—Rochelle salt, grs. 728
Caustic soda, grs. 400
Aque, ad. 3 vj.—M.

When Fehling's solution is required, mix equal volumes of sols. A. and B.

POMADE FOR CUTANEOUS DISORDERS DURING PREGNANCY.—Monin, in *L'Union Médicale*, gives the following formula :

R—Zinc. oxid. pulv., grs. iij.
Hydrarg. ammoniat., grs. jss.
Ol. theobromi,
Ol. ricini, aa 3 ijss.
Ol. rosæ, gtt. x.—M.

Sig.—Apply to the face morning and night.

INFANTILE CONSTIPATION.—The following is said to be a very successful remedy in the above:

R—Podoph. resin, grs. viij.
Iridin, grs. v.
Sp. amm. aromat., $\bar{3}$ j.

Digest for several days and filter.

SIG.—One or two drops at bedtime, on a piece of loaf-sugar, for a child of one year or under.

GASTRALGIA.—The following is recommended (*Med. Summary*):

R—Tinct. stramonii, 3 ss.
Tinct. hydrastis, 3 iv.
Aqua, lauro-cerasi, $\bar{3}$ ijss.—M.

SIG.— $\bar{3}$ j, in water, every 4 hours.

REMEDY FOR NEURALGIA.—It is stated (*Med. Press*) that equal parts of eau de Cologne, ether and chloroform form a mixture which gives instantaneous relief in neuralgia. A few drops poured on a handkerchief, previously moistened with water and applied to the painful part, gives instantaneous relief. It is also very useful in nervous headache. The burning sensation which is first felt quickly disappears.

NEW DEODORANTS.—Dr. Leale presented, at a late meeting of the N. Y. County Med. Asso. a number of samples of new antiseptics and disinfectants with which he had been experimenting in his own practice. Among them was first, a substance called glycozone, consisting of pure glycerine with four volumes of ozone. It is an entirely odorless fluid, and effectually destroys all bad odors, and was thus suggested as a useful application for cases of offensive cancer. Another was a solution of peroxide of hydrogen, which is intended to take the place of Labarraque's solution of chloride of lime, which is highly offensive to some individuals. It should be used, diluted with water ten parts to one. It is also odorless and colorless.

INTERNATIONAL CONGRESS ON INEBRIETY.—The Council of the English Society for the Study and Cure of Inebriety, have completed arrangements for an International Medical Congress, to be held at Westminster Hall, London, July 5th and 6th, 1887.

The object of this Congress is to present and discuss the problems of inebriety medically, from

a purely scientific standpoint, by the best authorities. Papers and addresses are promised from a large number of the most distinguished physicians, both at home and abroad.

WHOOPIING COUGH.—A Norwegian physician claims that pertussis may be readily cured, even in one night, by causing the patient to sleep in a room in which sulphur has been burned.

FOR VENEREAL WARTS.—Equal parts of tannin and burnt alum is said (*Can. Med. Rec.*) to desiccate venereal warts, so that they can be rubbed off in a few days.

BRITISH DIPLOMAS.—The following Canadians have passed the late M.R.C.S., Eng., Examination—J. McLurg, (Trin.), A. F. McVety, (Queen's), and N. M. Parry.

PERSONAL.—Dr. A. R. Andrews, of Aylesford, N.S., has been appointed Government Medical Officer of Turks' Island, West Indies.

Wm. Ianson, Toronto, and Arch. Jamieson of Kingston, have obtained the L.S.A., Lond.

CHLORATE OF POTASSIUM IN EPITHELIOMA.—Reclus reports (*Gaz. des hôp.*) a number of cases cured in a few weeks, by keeping the part constantly covered with compresses wet with a saturated solution of the above drug.

Dr. A. D. ROCKWELL, says:—"Kidder's Induction coils are unique in construction and of unsurpassed efficiency in the treatment of those morbid conditions for which the Faradic current is indicated. The varying qualities of current proceeding from these coils, possess a differential value of no little importance, and are worthy a more careful investigation by those interested in electrotherapy than has yet been given them."

It is said that gonorrhoeal ophthalmia does not always depend upon inoculation, but that it is an independent manifestation of the disease just as is the arthritis.

M. DOYDEN (*Br. Med. Jour.*) recommends the following in inflamed eczema and ulcerated impetigo; Salicylic acid, 2 grs.; lanolin, 50 grs.; zinc oxide, 24 grs.; starch, 24 grs.

Books and Pamphlets.

THE YEAR-BOOK OF TREATMENT FOR 1886. Philadelphia: Lea Bros. & Co. \$1.

This work consists of a critical review for practitioners of medicine and surgery, by eminent authors at home and abroad. Each department has been fully and concisely treated, and care has been taken to include only such clinical and pathological work as bears directly upon treatment. A full reference is given to every article noticed.

A COMPEND OF ELECTRICITY AND ITS MEDICAL AND SURGICAL USES. By Charles J. Mason, M.D., Assistant Surgeon U. S. Army. Philadelphia: Blakiston, Son & Co. 1887.

This little work presents a selection and classification of such facts and principles as will give a clear and short, but sufficiently comprehensive view of this now important branch of therapeutics. Certainly the average physician does not use this agent as often as the success attending its application would warrant, and we can heartily recommend the book to such practitioners as have not time to peruse more exhaustive treatises. To the student it will be of great value, as the definitions used are clearly put, a great desideratum for those whose time for the study of this branch is limited.

DRUG ERUPTIONS. A Clinical Study of the Irritant Effects of Drugs upon the Skin. By Prince A. Morrow, A.M., M.D., Clinical Professor of Venereal Diseases, Bellevue Hospital Medical College. New York: W. Wood & Co. \$1.75.

It is an axiom, that the prescriber should know all the effects that may be produced by any drug he orders, even the remote and unusual effects. While this is true, we doubt if most physicians have given much attention to such abnormal manifestations as the eruptions produced by the various agents used in the cure of disease. This subject of drug eruptions is of special interest, as they sometimes simulate very closely the exanthemata and other affections of the skin. Considerable attention has been devoted to this subject of late, and the work in hand seems to be an epitome of the views of observers in all countries. The amount of patience exercised by the author in selecting from the numerous sources of information, is wonderful. To this he has added the results of his personal observations, and has made a most useful and readable book. He omits the action of the less frequently used drugs, and confines himself in

the main to those which, from their every-day utility, are of practical importance to the ordinary physician in his daily work. We heartily recommend the work to all those desiring the latest information on this subject.

A PRACTICAL TREATISE ON OBSTETRICS. Vols. I., II. and III. (4 vols.). By A. Charpentier, M.D., Paris. Illustrated with lithographic plates and wood engravings. These are also Vols. I., II. and III. of the "*Clyclopedia of Obstetrics and Gynecology*" (12 vols.), issued monthly during 1887. New York: W. Wood & Co.

"Sometimes swiftly, sometimes slow,
Wave succeeding wave they go
A various journey to the deep,
Like human life to endless sleep!"

How many treatises on obstetrics have floated down the stream of time within the last half century? How many students of the present day know, even by name, such writers as Burns, Gooch, Badeloque, Dewees, Meigs, Ramsbotham, Rigby, Magnier, or Churchill? And yet these men were great in their generation, and did good work. But, "wave succeeding wave," they have gone, if not to "endless sleep," certainly to undisturbed repose. It is a sad fact, too, that as the stream progresses, the current becomes swifter, and its floatage more voluminous. Old age used to creep slowly over books; they now wilt and wither almost before reaching adolescence. Of all the assets a departing or an insolvent physician can bequeath to his heirs, or assign to his creditors, the very worst, even worse than his old clothes, are his old books—that is to say, all over two years old.

Messrs. Wood & Co. have launched upon the impetuous stream, in English form, a work of formidable dimensions, the production of the eminent Frenchman, Dr. A. Charpentier. We gratefully acknowledge receipt of the first three volumes, from a cursory perusal of which we have been led to hope that the enterprising publishers will have no reason to regret their spirited adventure. We cannot, however, refrain from suggesting to the Messrs. Wood, in the way of friendly advice, that they should in future look more closely after the execution of their plates, especially the reference letterings. An able anatomist may not be inconvenienced by this sort of defects, but they must prove formidable stumbling blocks to junior students.

Births, Marriages and Deaths.

On 15th April, at Toronto, John Fulton, M.D., Editor CANADA LANCET, aged 50 years.

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Original Communications.

PHOSPHATURIA.

BY H. ARNOTT, M.D., LONDON, ONT.,

The urine is justly regarded as the most important excretion of the body, from a clinical standpoint. Its constitution varies with every change of diet, habit or health. This very sensitiveness, whilst it gives us the reasonable hope that, at least, every serious disease would be accompanied by a corresponding change in the constitution of this excretion, at the same time warns us that we must be very cautious in our deductions, lest we ascribe to disease a change that has been caused by exercise or diet. But if our knowledge were sufficiently thorough, we should be able to tell the difference, and to read disordered function, by the character of this excretion almost as accurately as we do a book. I believe that our knowledge of the urine is only in its infancy, and that at no distant day its importance in diagnosis will be much greater than at present. A wide field lies before the diligent student, the cultivation of which will yield him abundant satisfaction. Personally, I am willing to declare, that I have received more light in the understanding of obscure cases from even my imperfect knowledge of this subject, than from the study of any other single physiological system.

In making a diagnosis we pay attention to the urates, because ready to the eye in cold urine; to the amount of urea, because readily estimated by the urinometer and even by the eye, but the variation in the amount of phosphates is frequently neglected, probably because being largely held in solution they must be precipitated. Phosphoric

acid is found in every tissue and fluid of the body, in combination with a base and excreted in the urine, the amount varying greatly in certain pathological conditions. It is to the diagnostic importance of this variation that I wish to draw attention. I am aware that Prof. Vogel, after making a thousand observations, has declared that he can draw no inference of any clinical value, so I shall endeavor to avoid the quicksands of doubt and keep to a few points that seem to me to be solid and useful ground in differential diagnosis. Anything that will remove doubt and render diagnosis more certain, is of the utmost importance, and I hope that a discussion of this subject will prove interesting and, perhaps, useful. Every one has been puzzled over symptoms that may mean a great deal or nothing at all. In such cases any definite symptom that would set the physician's mind at rest, even as to the reality of some of the symptoms complained of, would be very acceptable. If we discover oxalate of lime crystals in the urine of a patient suffering from a number of subjective symptoms, it is satisfactory, so far as it forms a basis of certainty, from which to reason. We call the trouble oxaluria, for want of a better name, but it does not follow that we regard the crystals in the urine as anything more than the most definite of a number of uncertain and unsatisfactory symptoms.

Prout, Golding, Bird, and others drew attention to the deposit of phosphates in the urine as a valuable symptom, and even styled the disturbance giving rise to it, phosphaturia, and expressed their belief in a phosphatic diathesis, but later investigations have dispelled the belief in any such constitutional tendency. I do not think that these acute observers understood the phenomenon to constitute the disease any more than we mean by the term glycosuria, to convey the idea that the passage of sugar in the urine constitutes the disease. They doubtless looked upon it as the most constant and definite of a number of symptoms presented by some constitutional disturbance not thoroughly understood. But they overlook the important fact, that a sample which is muddy from phosphatic sediment may contain very much less of these salts than one that is perfectly clear. Indeed the probability is that the muddy sample will have a deficiency of phosphates, as we shall see hereafter. Different views have been held on this

(Read before the Ont. Med. Association, June, 1887.)

subject according to the point of view from which it has been studied. Thus, some have studied the phosphates only as they appear as a sediment in the urine, others have separated the earthy and alkaline phosphates, but have neglected the total amount, whilst others have, very properly, I think, considered the total amount of phosphate excreted to be the only proper basis for a practical study of the subject. According to this last view, phosphaturia means any deviation from the normal amount excreted, whether increased or diminished. As might be expected, the views put forth by various authors differ as much as their methods of studying it. Some declare it to be merely a symptom of disorder of the stomach or liver, others believe it to be only a question of reaction, etc.

In order to prove that I am not drawing on my imagination, I shall trouble you with a few short quotations from prominent authors. Prout: "nervous irritability the cause of increased excretion of phosphates;" Benn Jones: "merely depressed acidity;" Dickenson: "exaggerated mobility the cause of an excess of phosphate;" Dana: does "not find excess in nervous irritation;" DaCosta: "in spite of the distinct sediment of phosphates it is doubtful if the latter are in excess;" Beale says: "there is not really an excess, but the urine being alkaline, the earthy phosphate is thrown down."

I need not trouble you with any more quotations. I have given enough to show the indifferent manner in which the subject has been studied. In my opinion, the important thing is to ascertain the amount of phosphoric acid excreted, but as this would be somewhat troublesome, we adopt the simpler method of estimating the amount of phosphate. The base with which the acid is excreted is largely dependent on the diet, if that be full the tribasic compounds are common, and the urine is neutral or alkaline, but if the diet be low the reaction becomes acid from preponderance of monobasic compounds and no phosphate is precipitated although there may be more present. Hence, precipitation is rather an evidence of deficiency than excess of phosphates. Indeed, it must always mean either an excess of base, or a deficiency of acid.

A similar change may be brought about by the administration of alkalies. A patient whose urine

does not present any precipitation of phosphates is given alkalies, and in a short time it becomes muddy and deposits a crust of phosphate on the vessel. Now I am satisfied that increased alkalinity may be the result of true dyspepsia, or even of some peculiar diet, but an increase or deficiency of phosphoric acid to any notable degree and for any length of time, must have an entirely different cause. When dyspepsia occurs under such circumstances, it will always be found to be due to some nervous disturbance. This is an important and definite statement, and if I am wrong I would be glad to be shown my error. If it be true, then it must be important to ascertain whether the amount of phosphoric acid is increased or diminished in all such cases. On examining a sample muddy with precipitated phosphates, if I find the amount of phosphoric acid increased, I order more rest to the nervous system; if on the other hand, I find that the amount of phosphoric acid is normal, I request for a time a change or reduction of diet. In the latter case there is an increase of base due probably to diet; in the former an increase of acid due to nervous exhaustion.

The phosphates appear in the urine in three principal forms; the triple phosphate, earthy phosphate, and crystalline calcium phosphate; each of which, if continued for any length of time, has a certain amount of clinical significance. The triple phosphate is found in cystitis, in states of decomposition of the urine, and in some disorders of digestion, and along with other symptoms is valuable in deciding a doubtful diagnosis. The earthy phosphate, when largely deposited, generally indicates a neutral or alkaline condition of urine, which, if pathological and continued for a length of time, is an indication of a grave constitutional disturbance. The crystalline phosphate of lime is, according to my observations, found mostly in chronic diseases of the brain. If a doubtful diagnosis lay between some functional disturbance and an obscure disease of the brain, the discovery of this salt in the urine would decide me in favor of the latter. On more than one occasion I have seen this symptom determine the diagnosis, and correctly so, as the future histories showed. In only one case have I seen it absent where I felt sure there was organic disease of the brain.

But as before stated, the most important point

is to find out the amount of phosphoric acid excreted, and this is approximately arrived at by precipitating the total amount of phosphates present and estimating the relative amount. This need occupy only a few seconds, and I believe it will soon constitute one of the common tests in every examination of the urine. Dr. Dana, of York, whose article in the *New York Medical Record* will well repay perusal, uses long tubes about half an inch in diameter and thirty inches in length. The tube is filled three parts with the sample to be examined, and the balance of the tube filled with a mixture composed of magnesia sulph. and ammonium chloride of each one part, liquor ammonia one part, and distilled water eight parts. This causes a precipitation of ammonia-magnesium phosphate, which in about twenty-four hours has settled firmly to the bottom, and the depth of the sediment shows the proportion which it bears to the normal.

With whatever form of test-tube used, a number of experiments with the urine of persons in good health, will soon determine the average depth, and any marked deviation therefrom will indicate the relative amount being excreted. Of course several analyses will be necessary before any conclusion can be arrived at. This may seem rather a crude test, but careful quantitative analyses show that it is sufficiently accurate for all practical purposes.

The simple test is of the utmost importance in many doubtful diagnoses, but unfortunately it has not been uniformly studied from this aspect. Many observers have studied the earthy and alkaline salts separately, whilst others have only taken note of them when precipitated as a sediment. As I intimated before, my observations lead me to the conclusion that whether the acid is excreted in combination with an earthy or alkaline base, depends generally on diet or digestion, and is possessed of comparatively little clinical value. But the total amount of phosphate giving an approximation of the amount of phosphoric acid excreted is an event of much greater importance, as observation has shown that whilst the amount of base is regulated chiefly by the diet, that of phosphoric and uric acids varies only with constitutional conditions. Notwithstanding the different methods of studying the subject, there are many useful points on which prominent writers are agreed.

For instance, Roberts, Tyson, Wolff, Belfield, and Hoffman and Ultzman agree that the total amount of phosphates are increased in acute diseases of the nerve centres and diminished in the chronic stage of the same, with the exception of epilepsy. There is also a pretty general agreement that they are increased during, and for some time after, nervous strain. Dr. Beemer, Assistant Superintendent of the London Asylum for the Insane, who has written an able monograph on brain exhaustion, expresses the same view. I am inclined to believe that when the condition becomes sufficiently serious to justify the term "brain exhaustion," rather than nervous excitement, the phosphates will be found diminished to a marked degree, and reason tottering on her throne.

It is also becoming a recognized fact in the diagnosis of chronic renal diseases that the phosphates are diminished. Purdy, in his valuable work on Bright's disease, places it as one of the symptoms in his table of differential diagnosis. But, while we have these few points apparently established, there are a great many others on which the authorities totally disagree. Thus, Hoffman and Ultzman find an increase in febrile affections, whilst Wolff says they are diminished, but increased during convalescence. Many authors consider that an increase of phosphates is only an indication of dyspepsia, but Hoffman and Ultzman find them diminished in "severe disorders of digestion." Hoffman and Ultzman find an increase in bone disease; Belfield says you would expect it to be so; but, in fact they are diminished. And so there seems to be a disagreement with regard to many other diseases which, doubtless, in time by the accumulation of clinical evidence, will be removed.

In two cases I found the phosphates notably diminished in the late stage of chronic diabetes mellitus. In one of these there was not for several weeks during which the case was under observation, the slightest trace of phosphate to be found in the urine by the most careful tests. Being anxious to know what became of all the phosphoric acid, I had the faeces of this patient cremated and the ash submitted to a careful analysis by a competent chemist. I expected to find an increase in the faeces when there was none in the urine, but the result of my few experiments would seem to show that such is not the case, and that when not

excreted in the urine it must be retained. May not the retention of so much acid in the system be one of the factors in the production of diabetic coma?

An excess or deficiency of phosphates has been most useful to me in the diagnosis of a class of functional nervous disorders where there is no positive symptom. In many such cases where the symptoms related by the patient may be fancied or real, they will often be found useful in deciding the doubt and directing the thoughts to the cause of the trouble.

Many of these cases will be found to be real sufferers from an over-excited condition of the nervous system, due generally to some long-continued drain, and is found among youths as well as adults. There are three principal classes of patients affected in this way.

In the first there is hyperæsthesia and paræsthesia of the nervous system generally. The patient is sleepless, and a peculiar restlessness torments his waking hours; the eyeballs are sensitive to light and tender to the touch; a ring at the door-bell goes through the patient like a painful shock of electricity; the most delicate food causes pain in the stomach; there is frequent scalding micturition, simulating cystitis; and sometimes shooting-pains and numbness of the extremities cause fears of organic nervous disease.

In another class of cases backache and melancholia are the prominent symptoms. In men, the elastic term lumbago often does duty as a diagnosis, whilst in the female the very same symptoms direct our attention to that veritable scape-goat of all obscure symptoms—the uterus.

In some of these cases the pain may be the cry of the lumbar nerves for more healthy blood, but I believe that in the large majority it is caused by the deposit of phosphatic or oxalic crystals in the pelvis or tubules of the kidney. In such cases I have sometimes found casts, doubtless formed by the inflamed condition of the tubules caused by these crystals. A short course of some saline diuretic, with free diaphoresis and restricted diet, generally gives prompt relief. There are many persons who are frequently affected with pain in the back caused in this way. If the cause is understood the treatment will be more satisfactory. It is frequently regarded as rheumatic, but a careful analysis will generally show the very opposite condition of urine to what is found in rheumatism.

A third class of cases complain chiefly of dyspepsia and weakness. There is intense irritability of stomach, the most delicate food causes intense pain of a burning character, and sometimes vomiting is so persistent as to cause fears of organic disease. In such cases anæmia is a prominent feature.

In order to satisfy myself of the truth of these views, I have endeavored to study the natural history of such cases unmodified by medicine and without any treatment whatever but the removal of what I conceived to be the cause. In this manner, administering only a little colored water as a placebo, I have treated a number of severe cases of dyspepsia, anæmia, melancholia, etc., with the most satisfactory results,—and that, in some cases, after the ordinary medicinal treatment had failed. I do not wish to be understood as applying this treatment to any cases but those that are caused by some disturbance of the nervous system. In such medicine will often fail without the needed rest.

I am convinced from my, so far, imperfect study of this subject, that the cause of any marked and continued increase in the amount of phosphates excreted is always due to some irritation of the nervous system, whether in the form of injury, disease, or over-excitement. When examining the urine of students passing their examinations, I have invariably found that the anxious, excitable student was distinguished from his cooler companion by a greater excretion of phosphates. But exalted function must always be followed by depression, and an excess of phosphates at one time will bring a diminution at another.

When giving expression to these views I have been asked why we never used to hear of nervous exhaustion. The answer is two-fold. In the first place disorders that were formerly called "liver complaint," "dyspepsia," etc., are now recognized as merely the symptoms of "exaggerated nervous mobility," and treated accordingly. Again, the nervous strain of this age is immense when compared to that of even a generation ago. More rapid intercommunication, an increased consumption of tea, coffee, alcohol and other stimulants, a greater possibility giving rise to an increased desire for wealth, diminished rest to the nervous system through the improvement and cheapening of artificial light, the more general diffusion of literature

and a system of education which exhausts the vital powers of youth before they attain maturity, are only a few of the ways in which the nervous system is more heavily taxed than ever before in the history of the world.

I have nothing new to suggest regarding treatment. If the theory be true, as I believe, that an excess of phosphate is caused by some irritation of the nervous system, it follows that our principal reliance must be on rest. Whether the complaint take the form of dyspepsia, weakness, anæmia, paræsthesia, insomnia, or anything else, this must constitute the foundation of rational treatment. And this principle requires first to be applied to the digestive system. Many of these cases pit slightly on pressure all over the body, due to the deposit in the tubules of phosphatic crystals. A lowering of the diet increases the acidity of the urine, the tubules are cleared out, and, with or without the aid of a saline diuretic, the œdema is removed. In cases due to insolation or injury, counter-irritants are often singularly useful, to the base of the brain or along the spine as may be indicated.

There is no specific for these cases. Nitric acid and strychnia, as recommended by Golding Bird, are useful only so far as they improve nutrition. No amount of acid administered seems to have any appreciable effect in increasing the acidity of the urine, but this is soon effected by reducing the diet. This is an important point, for the more perfect the solution of the phosphates, the less likely they are to cause irritation of the kidney and the consequent œdema. I am fond of prescribing potass. bitartrate, in cases presenting any œdema, for the removal of this is necessary to an improved state of nutrition. Bromide of potass. is sometimes necessary to enable a patient to get sufficient rest; bismuth acts as a nervine tonic through its influence on digestion. Iron and quinine are useful after the nervous agitation has been soothed, and the condition of digestion improved.

I strongly object to the indiscriminate use of a tonic and stimulating line of treatment of such cases. Under such a course the patient gets relief and is very well satisfied; but he does not know at what a fearful cost to the reserve forces of his system the respite has been purchased. Such treatment represents just so many drafts on his

latent vital forces. No additional force has been put into the body—only measures which call out its reserves have been used, and the time soon arrives when such drafts are dishonoured, the system fails to respond to such demands, and the patient becomes a hopeless nervous wreck. The onward march of rational medicine demands that such a ruinous policy be abandoned for the more enlightened course of husbanding our reserves.

DISCUSSION ON SURGERY.*

BY F. W. STRANGE, M.D., TORONTO.

When I received the honor of an invitation to open the discussion on Surgery at the present meeting of our Association, I was, at the threshold of my attempt, embarrassed with the extent and richness of the wide field from which I had been requested, by our esteemed President, to glean a few ears of surgical grain for mutual discussion. Reflecting on the objects and scope for which we are gathered together, and remembering that our membership is composed, for the most part, of gentlemen busied in the arduous and noble lives of general practitioners, I considered that it would not be amiss to abandon the customary plan of submitting for discussion a thesis on a subject which, while of important interest to all surgeons, falls more especially within the province of an hospital surgeon, and substituting therefor some topic with which we are all familiar, and with which we all have more or less constantly to deal.

I have, therefore, ventured to introduce a group of subjects which have certain kinship, and to ask the gentlemen around me to contribute their views and experience on the treatment of

I. Whitlow; excluding from this term, paronychia and superficial abscess of the fingers.

II. Phlegmonous erysipelas.

III. Carbuncles.

And first as to Whitlow. We are all acquainted with it, but woe to the surgeon who allows his familiarity to lead to contempt. I think I am safely within the mark when I say that I honestly believe I have seen as many permanently damaged and deformed fingers, resulting from whitlows neglected or badly treated, as I have from direct injuries from accidents. A man enters my surgery with the end of one of his fingers hard, red,

*Read before the Ont. Med. Association, June, 1887.

swollen, and exquisitely painful. The slightest pressure will intensely aggravate the pain. He tells me he has run a splinter of wood, or possibly a rusty tin-tack, into the part, or has injured the finger by a crush or bruise. Occasionally no exciting cause has been noticed. I summon my pathological knowledge to my aid, and I see that there is an intense inflammatory process going on in the pulp of the finger, commencing in the dense cellulo-fibrous tissue in which the ungual phalanx is embedded, and causing more or less irritation and inflammation of the lymphatics of the arm. But if the case be a more extended and severe one, and I shall probably find that the inflammation extends to the sheaths of the tendons, that the whole finger participates in the process, that the back of the hand has become puffy, red, and swollen, presenting the ordinary characters of erysipelas, and that the palm of the hand has swollen and become white owing to the thickness of the cuticle and its close connection with the fascia. Having satisfied my mind as to the pathology of the case, the next thing to consider is what shall I do for my patient, how shall I treat him? Many are the vaunted abortive remedies. Plunging the finger into very hot lye, human or otherwise, is a favorite panacea to the lay mind, so also is an abominable plaster of soap and sugar, which to my mind only adds to the mischief by increasing the tension of the part. I have known them tried often, with no success. Painting the part with nitrate of silver or tincture of iodine has been extolled, but in my hands has utterly failed. In fact, in my experience, all the highly extolled abortive remedies have indeed proved abortive remedies and nothing else. Some practitioners are content with ordering hot poultice after hot poultice, as the only topical remedy, with a view of bringing the whitlow to a head. I regard this expectant method as one fraught with the greatest danger to the vitality of the part. By its means no doubt suppuration is hastened, but, alas, instead of coming to the surface, to a head as it is called, the pus has a much greater tendency to burrow along the sheaths of the tendons, and produce that lamentable condition of things of which I have before spoken. My own practice is that the moment I see a case of whitlow, and am sure of the diagnosis, to plunge a scalpel through all the tissues well down to the phalanx, and make as free

an incision as the parts will permit. I never wait for evidence of suppuration. I am content to relieve tension, obtain local depletion, and make a way of escape for pus in advance of suppuration. This having been done, I soak the incision for a minutes in water as hot as can be tolerated, in order to encourage bleeding. Now is the time to apply the hot poultices without stint and without fear. I then order a brisk purgative or two, rectify any general condition that may be noted, by means of appropriate medicines, and dismiss my patient with fair assurance of speedy restoration to health and work.

The arm has swollen and becomes a deep scarlet in color, with pungent burning pain. The swelling is first oedematous, then tense and brawny with the skin stretched to its utmost capacity. In fact the arm is laboring under the second subject for our consideration, viz., phlegmonous erysipelas. What follows? Resolution occasionally though rarely occurs; but usually, hidden by the change of size and color, pathological changes of a deadly character quickly ensue. Suppuration and necrosis attack the deeper structures involved in the process, both soft and boney, and the sufferer's limb, nay his life also, is in imminent peril. There must be no dallying now with the expectant treatment. The patient's safety lies in the surgeon's scalpel. Numerous parallel longitudinal incisions from two to three inches long, avoiding the positions of the arteries, and sufficiently deep to reach the bottom of the inflammatory process, which, in the limbs, is usually limited by the deep fascia, should be made. This practice was originally introduced by Mr. Hutchinson, and modified by Mr. South so that the parallel incisions should alternate with each other. Here, again the knife should be beforehand with the process of destruction. The relief of tension, the free escape of exuded serum, and the local blood-letting are so many ministering angels to the suffering parts. Should hemorrhage ensue too freely from any of the incisions, it is easily controlled by a plegget of lint stuffed into the incision, and pressure for a few moments by the fingers, or a pad and bandage. The incisions should then be covered with a piece of antiseptic gauze or lint, and hot fomentations or poultices, containing a watery extract of opium to soothe and tranquilize the injured nerves, should be constantly applied.

Such, in my judgment, is the only local treatment on which much reliance can be placed. It is true, as I mentioned a moment ago, that occasionally under very favorable conditions, and by the aid of appropriate internal remedies which I shall have occasion to refer to shortly, aided by hot external appliances, especially a strong lead and opium lotion, resolution may occasionally take place. But how is the surgeon to foresee this happy result? I know of no rule by which he can govern his action. Extended experience, and profound judgment may enable him to do so, but I fear he is just as likely to err as to hit the mark. My strong conviction is that early incisions through the entire depth of the morbid process, both arrests the progress of the disease and to a great extent limit the area of suppuration and necrosis, and preserve intact, structures which, if not so treated, would inevitably become greatly damaged, or even die. On the other hand, supposing the case to be one of the fortunate ones in which resolution would have supervened, and the surgeon has made his incisions. What damage has the patient sustained thereby? Simply little or none. Resolution will be if anything hastened. There will be slight suppuration from the surface of the incisions, but they will rapidly heal, leaving only a few white lines in the skin to mark the site of the battlefield on which disease and the surgeon have measured swords.

In considering the general treatment of such a case, we must not lose sight of the type of patient who is generally the victim of the disease. It is most common, I believe, in those who have been intemperate in eating and drinking. Next to these, I should place those whose health has been impaired by hard work and privation. In both cases, it is well to cleanse the portal system, and unlock the bowels. In the intemperate class, much benefit will accrue from a good, prompt emetic, followed by saline aperients. In the overworked class, I should omit the emetic, and administer warm stomachic aperients. Following this, as soon as the tongue begins to clear, I order tincture of iron, 15 to 20 drops every four hours. I do not possess the faith that iron is useful in cutting short erysipelatous inflammation, such has not been my individual experience, but I place it in the highest rank as the best drug we possess to restore the health of such individuals to its proper

balance, and to hasten permanent convalescence. Quinine, mineral acids, and strychnia may also be necessary. This disease is one of those in which I say unhesitatingly, that the administration of alcohol is frequently, absolutely necessary. It has bridged over many a bad case for me, and is in my opinion, one of the most useful drugs we have in combatting the disease. Opium also in many cases is of great service as a stimulant.

I now pass on to the consideration of the treatment of carbuncle. Here again we have a spreading inflammatory condition attacking the subcutaneous cellular tissue, which rapidly runs into slough and suppuration. The slough is characteristic of the disease. The cellular tissue involved, breaks down into greyish or ash-coloured sloughs. The skin covering the part affected, becomes slightly elevated, assumes a purple or brownish red tint, becomes undermined, and gives way at several points, forming openings through which the ash-grey sloughs appear, and from which an unhealthy, purulent discharge, scantily issues. The extent of the disease varies from one to several inches across. The local treatment of carbuncle, is one in which great diversity of opinion exists. Sir James Paget, Mr. Le Gros. Clark, and others emphatically urge the expectant or do-nothing plan. Destruction of the diseased part by nitrate of silver or caustic potash has its advocates, while others regard the time-honored crucial incision as the best method. In view of such diversity of opinion, it may appear somewhat arrogant and presumptuous on my part, to speak decidedly in favor of either plan, but every surgeon should have the courage of his convictions, and I have no hesitation in giving my allegiance to the crucial incision. The incisions should be made sufficiently free to reach healthy tissues, both at the base and the sides of the sloughs, and this is the point, to which the surgeon should direct his chief attention. If the incisions are carried short of this, the spreading of the disease will probably continue, and the operation prove in a great measure futile. If healthy tissue be reached by the point of the knife throughout the entire length of the incisions, the spreading of the disease will be immediately checked, the sloughs will be rapidly thrown off, and a healthy granulating surface appear. Profuse primary or secondary hemorrhage may occur, but as the

disease in most cases is situated at the back of the neck and trunk, it is not difficult to apply sufficient pressure to control it. I have made incisions of this character, over five inches in length, and have seen no bad effects therefrom; but on the contrary have been gratified at the beneficial result. So strongly am I convinced of the desirability of the crucial incision, that were I the victim of carbuncle, I should urge my professional attendant to resort to it.

Mr. Timothy Holmes, who is in favor of the crucial incisions, records the case of a "man admitted into St. George's Hospital, in whom a carbuncle had been treated on the expectant plan, and the result was an immense ulcer occupying the whole of the nape. Soon after his admission another carbuncle formed, and was rapidly extending. A crucial incision soon stopped its course, and he recovered with hardly any mark from the second carbuncle, forming a striking contrast to the tremendous ravages of the first."

After the incisions have been made, hot poultices should be applied to hasten the separation of the slough, after which stimulating ointments, such as the Ung. Resinæ or Ung. Terebinthinæ will increase the vitality of the part, and hasten the growth of granulations. I have never had occasion to substitute any of the caustics for the knife, and consequently have no remarks to offer on the plan of treatment by these agents, but I can imagine the objections to their use on account of prolonged pain, and constitutional irritation.

As the disease is one of advancing years, and almost invariably occurs in persons whose constitutions are broken down by concurrent diseases of the viscera or blood, our general treatment resolves itself into one of support and nourishment, and of all our drugs, opium in small, continued stimulant doses, is paramount. Half a grain of pure opium every six hours, increasing the quantity if necessary, acts like a charm. It subdues the pain, equalizes and strengthens the heart's action, soothes the nervous irritability, and produces refreshing sleep. Stimulants also, especially good, sound red wines, porter, and ale are of great service.

Co-existing diseases must of course be treated on their own merits.

I have as briefly and concisely as possible gone over the ground of the treatment of these three affections, merely introducing such of the pathology of each, as is necessary to keep the bent and scope of our discussion directed to the best methods of restoring the damage done by those pathological changes. I have purposely avoided all speculative enquiry into the remote causes of these diseases, and have endeavoured to open the discussion as practically as I could. The surgical point which I have endeavoured to make, is this, that in all three affections, the early and free use

of the knife does actually limit the extension of the disease, and is greatly conservative to the integrity of the part attacked, and that in all cases in which deep structures are threatened with destructive inflammation, the employment of the knife should if possible precede the destructive process. If empiricism is understood to mean that which is founded on experience, I must confess myself an empiric, and in that character I beg to express, the hope, that the gentlemen around us to-day, more especially those who live in the country districts, and who are compelled by force of circumstances to be more self-reliant and self-dependant than those who dwell in the cities, will sustain this discussion, and favor us with their practical experiences on these questions. By doing so, they will aid in the advancement of our Association, and assist their professional brethren in their difficult labor of subduing pain, and easing the burdens of their disease-stricken fellow-creatures.

Correspondence.

CONGENITAL CYANOSIS.

To the Editor of the CANADA LANCET.

SIR,—A case of that somewhat rare disease, Cyanosis, occurred in my insular practice the other day, which I detail for the benefit of young practitioners.

A healthy woman of 20 years, M. L., gave birth to her second child on the 22nd instant, whilst under my care. The case was quite regular in all particulars, its only singular feature being its great rapidity. After the breaking of the waters, some fifteen minutes, intense labor pains set in, and with the second pain the child (a boy), came into the world, the whole labor proper lasting not over 30 minutes. As is usual, the child showed the cyanosed condition, but not in a degree to excite alarm, was dressed, and put to the mother's breast as usual, and rested fairly well over night.

The next day, about 2 p. m., I was hastily called in, and found the child in a cyanotic condition, with tremulous chills, and an intense bluish tint over the skin, caused, doubtless, by the diffusion of venous blood throughout the system. I placed the child on its right side, as recommended by Churchill, Meiggs, and others. Gave it a small dose of tinct. digitalis, and bathed its feet in hot water, but without avail, the infant dying just 23 hours after birth. Excepting the abnormal opening of the foramen of Botall, the child was apparently strong and well nourished, and the only

moral I can deduce from the case is, that though the treatment in this case was ineffectual, no medical man should be discouraged in any similar cases, or forbear to try those remedies, either of position or physic, endorsed by many men of reputation, both in Europe and America.

F. B. McCORMICK.

Pelee Island, May 30th, 1887.

To the Editor of the CANADA LANCET.

SIR,—As it is not usual or necessary for the initials of one's degrees to be added to one's name in a communication to a medical journal, and, as I am not in the habit of adding them myself, I cannot see why M. D. is appended to my name with my communication in the May No. of the LANCET. You will not find them in the original MS., or if they are there, some one else must have written them, I am sure I did not.

Yours truly,

Ottawa, 20th May, 1887. EDWARD PLAYTER.

Reports of Societies.

ONTARIO MEDICAL ASSOCIATION.

The seventh Annual Meeting of the Ontario Medical Association was held in the theatre of the Normal School, on 8th and 9th June; Dr. J. H. Richardson, Toronto, President, being in the chair; Dr. J. E. White, Toronto, Secretary. The attendance was the largest the Association has yet known.

The morning session, June 8th, was chiefly spent in routine business. A congratulatory telegram was, on the motion of Dr. J. E. White, sent to Her Majesty the Queen as follows:—"The president and members of the Ontario Medical Association, representing the medical profession of Ontario, at their annual meeting, desire to express to her Most Gracious Majesty Queen Victoria, their sincere pleasure upon the completion of the fiftieth year of her reign; their steadfast loyalty to her throne and government, and their lively hopes that a beneficent Providence, which has directed and comforted her through her past, may grant health, comfort and happiness for many long years to come."

All present voted on this standing, after which the National Anthem was sung with great en-

thusiasm, and three cheers for the Queen given, time being taken both in the singing and cheering from the veteran president, Dr. Richardson.

Dr. Henderson's motion of forming a Medical Defence Fund then came up from last year's business. In speaking on the motion, Dr. Henderson said, "there was no more crying need on the part of the medical profession, than the taking of steps to protect themselves from unjust and unfair accusations. The case which called his attention specially to the subject, was one which had occurred in Eastern Ontario, and in which a medical practitioner had been prosecuted three years after he had ceased to attend the patient, who had emerged from sickness with a fair recovery in the opinion of eight doctors who had been afterwards consulted. The judge charged strongly in favor of the defendant, but the jury failed to agree, and the case was liable to be opened at any time, while already \$1,000 had been spent by defendant, and his practice greatly injured. If the Association would form a department or a fund to defend in such cases, it would be a powerful means of good; the Association would attract more members, and it would be a means of greater usefulness than at present."

The motion was agreed to, and the following gentlemen were appointed as a committee to bring the subject before the Association at some later stage of the proceedings:—Drs. Harrison, Selkirk; Thorburn, Toronto; Moore, Brockville; Taylor, Goderich, and Dr. Henderson, Kingston.

Dr. Ferguson, Toronto, moved that the following gentlemen be a temporary committee on physiology:—Drs. A. H. Wright, W. H. B. Aikins, Sheard, J. E. White and J. Ferguson, Toronto; MacCallum, London, and J. H. Duncan, Chatham. Carried.

Dr. Graham brought up the question of a medical reference library for this city; pointed out briefly the great advantage of such a library, and shewed how unfavorably Toronto contrasted with the great American centres of Medical Science, as New York, Philadelphia and others. Dr. McPhedran moved, seconded by Dr. N. A. Powell, that Drs. Mullin, Hamilton; Arnott, London, and Henderson, Kingston, be appointed a committee from this Association to act with the committee of the Toronto Medical Society in the formation of a medical library. Carried.

In the afternoon, Dr. Richardson took the chair, and the following visitors were introduced to the meeting and welcomed to the platform by the chairman :—Drs. Porter, Gerster, Satterthwaite, and G. H. Fox, New York ; Drs. Cronyn and Hubbell, Buffalo, the latter representing the New York State Medical Association ; Drs. Manton and Duffield, Detroit, the latter being a delegate from the State Medical Society of Michigan ; Dr. J. A. Packard, of Philadelphia, and Drs. Stewart and Cameron, of Montreal.

Dr. Packard (on being introduced) remarked, that there were fierce but interesting discussions at the present time on the subject of reciprocity between Canada and the United States, and on the fisheries question. In the fisheries question it seemed to him there was nothing in it but a cod, not worth eating any way. (Laughter). He was in favor of reciprocity—certainly as far as the medical profession was concerned ; and he hoped the *entente cordiale* now existing in that respect between the two countries would never be broken.

Dr. Cronyn remarked that his friend Dr. Packard omitted the very point that was required. He should have advised the medical gentlemen before him to go to the United States, and take possession there, as he (the speaker) had done many years ago.

The President then delivered his annual address. He said it was difficult for one in his position to choose a subject to discourse upon before such an audience as that before him. It was not desirable for one man to set himself up as an authority, or to deal with any one topic. He therefore chose to make a brief reference to some of the improvements during his experience of forty years in the general methods of medical treatment. Had he chosen anatomy he might, he said, feel more at home in his subject, but it might not be out of place to take a retrospective view of general medical treatment. He had been a close observer of the nature of disease, and had watched the changes which had taken place in the views regarding the nature of disease, and consequently in the modes of treatment. Forty years ago, inflammation was considered to be at the root of almost all diseases. The most incongruous diseases were ranked under the head of "Inflammatory Diseases." As a remedy, bleeding was practised very largely until 1853. In Toronto it was practised for scarlet fever until 1860, frequently with the most disastrous results. He would refer more specially to two diseases in regard to which great improvements had taken place within the last quarter of a century, viz., splenic fever and hydrophobia. Dr. Budd, of Bristol, seemed to have the high distinction of being the first British physician to foresee the importance of the agency of minute organisms in the propagation of disease. Dr. Budd seemed to have been led to this prevision by the fact of

the invariable reproduction of every specific disease. Splenic fever was a terrible scourge in Europe, how malignant might be gathered from one paragraph from Trousseau :—"The period of its incubation is very short. An ox which has been at work may return to its stall apparently healthy. He eats as usual ; then he lies down on his side and breathes heavily, while the eyes are still clear. Suddenly his head drops, his body grows cold, at the end of an hour, the eye becomes glazed, the animal struggles to get up and falls dead ; the struggle only lasting for one hour and a half." Devaine, as early as 1859, discovered the presence of minute rods in the blood of animals who died of splenic fever, but it was not until 1863, after Pasteur's researches into the part played by microbes in fermentations, that he suspected their real agency in the production of disease. Pasteur's experiments were well known ; his last experiment was made at the invitation of the president of the Society of Agriculture, and was watched by Pasteur's colleagues, who feared he had been too rash. "A flock of sheep was divided into two groups, the members of one group being all vaccinated with attenuated virus, while those of the other group were left unvaccinated. A number of cows were also subjected to a precisely similar treatment. Fourteen days afterwards all the sheep vaccinated and unvaccinated were inoculated with a very violent virus, and three days subsequently more than 200 persons assembled to see the result. Twenty-one of the twenty-five unvaccinated sheep were already dead, and the remaining four were dying. The twenty-five vaccinated sheep were in full health. A similar result occurred amongst the cattle. The breeders of cattle at once overwhelmed Pasteur with applications for vaccine, and by the end of 1883 nearly 500,000 animals had been protected." Pasteur's crowning triumph was achieved over that dread disease, hydrophobia, which had hitherto baffled medical skill. After repeated experiments he determined, 1. That the virus attained its most intense virulence in the marrow of the infected animals. 2. That the virus of a mad dog inoculated by trephining under the *dura mater* of a rabbit, always communicated rabies to the animal after a period of incubation of about fifteen days. 3. That successive inoculations with virus so obtained show a marked tendency to a diminution of the period of incubation down to seven days, where the virus seems to have attained its greatest intensity. 4. That portions of these marrows exposed to dry uncontaminated air, gradually lose their virulence until at last it dies out. Vaccine virus was not an invariable protection against smallpox, nor was smallpox itself a protection against subsequent attacks, and more must not be demanded for vaccination for hydrophobia than from vaccination for smallpox. Instead of cavil and doubt, we

ought to lay hold with gratitude and confidence on the grand fact which had been established conclusively by direct experiment, viz.: that some of the most deadly diseases which afflict human and brute creatures are the result of the introduction of micro-organisms into the animal system; that they have been isolated and re-produced generation after generation by the most guarded, precise and definite methods of the laboratory, and that they can be so modified in their strength as to be safely introduced into healthy animals, and so protect them from the deadly effects produced by the unmodified poison. In view of the facts of the discoveries of recent years, they might surely "thank God and take courage" for the future. The difficulties before them were great. The life history of each class of these minute beings was so different, and the conditions under which they must be investigated were difficult, but there was no royal road to knowledge, and perseverance and research were certainly necessary. Yet they were on the road, and it only needed courage, faith and constant advance to open up newer, larger and brighter vistas of truth.

Dr. Fenwick, of Kingston, then read a paper on "Lacerations of the Cervix Uteri"; Dr. Groves, of Fergus, on "Prostatotomy," and Dr. Ferguson, of Toronto, on "Arsenical Neuritis," upon which some discussion took place by Drs. Covernton, Thorburn, Stewart, Teskey, Sheard and others.

The discussion on Medicine was opened by Dr. Arnot, of London, in an able paper on "Phosphaturia." In the discussion which followed, Dr. Bruce Smith, of Seaforth; McDowell, of Orillia; Brown, of Galt; Powell of Ottawa; and Strange, Thorburn and Ferguson, of Toronto took part.

The next paper was one by Dr. G. H. Fox, New York, on the "Various Methods of Treating Skin Diseases, with Special Reference to the Use of Chirurgical Instruments." Dr. Fox produced photographs of diseases before treatment and of the skin in its restored condition, and exhibited some of the instruments used for punctating and cutting. He also showed two patients he had operated on that day and whose disfigured faces he said his method would, by an earlier application, have perfectly cured. Drs. Graham, Oldright and Holmes took part in the discussion which followed.

Dr. Murray's paper on "Laceration of the Femoral Artery," concluded the afternoon's work.

In the evening, Dr. Taylor, of Goderich, gave a paper on "Extra-Uterine Pregnancy," and Dr. James Ross spoke of two cases which he had met with in his practice. This was followed by a paper by Dr. Gerster, of New York, on "The Antiseptic Principle as Applied to the Treatment of the Primary Induration and Initial Sore in Syphilis." This paper will appear in our columns. Dr. Holmes, Chatham, read a paper on "Puerperal

Fever," which was followed by one, by Dr. John H. Packard, of Philadelphia, on "Our Views of the Surgeons of the Last Century." This closed the proceedings of the first day.

June 9th.

Dr. Richardson took the chair at 9 a.m.

Before the programme for the session was taken up the following question was put and discussed:—"Is the continued employment of large doses of fluid extract of ergot likely to be injurious when employed in cases of fibroid tumours of the uterus when operation is inadmissible?" The opinions expressed concurred that no injurious effects were produced.

Dr. Lett, of Guelph, then read a paper on "The Relation between Mental Derangement and Masturbation." This was followed by a very interesting discussion in which Dr. Richardson and others took part. Then followed Dr. Strange's excellent paper on "Points in the Minor Surgery of the General Practitioner," which was listened to with much attention, and out of which arose a very useful and interesting discussion, during which the President warmly complimented Dr. Strange on the ability displayed in his paper, and urged the importance of using the surgical knife in cases of carbuncle and other tumors from blood poisoning. He also stated his practice of making a copious use of alcoholic stimulants in such cases. He said a bottle or a bottle and a half of brandy per day for an adult patient, and a bottle of port wine per day to a child, were nothing extraordinary, and had been followed by the best results.

Dr. Gerster, New York, was loudly applauded on rising to speak. He said common sense had a more important place in treatment than was sometimes conceded. While he agreed with the spirit of the paper, he would not go so far as to state that in all cases caustics should give way to the knife. Circumstances must always determine on the particular course to be adopted. One thing he wished particularly to refer to was the abuse of poulticing. It were better in many cases to dispense with the poultice, after operation, altogether, but it was necessary that patients should be urged to a proper use of it when it was applied.

The Hon. G. W. Ross, Minister of Education, here entered the hall, and on being introduced to the Association was warmly applauded. He responded in a short but thoughtful speech, welcoming the members of the Association, and expressing the wish that they might often meet in the same place. Dr. J. E. Graham, of Toronto, President of the Canadian Medical Association, then read a paper on "Herpes Zoster," which was well received.

In the afternoon, the following cablegram, addressed to J. E. White, Secretary, was read:—"The Queen thanks the members of the Ontario

Medical Association for their kind congratulations. **PONSONBY.**"

Also a telegram from the American Medical Association, acknowledging the friendly greeting of the Ontario Medical Association, and conveying to them their sympathy and good-fellowship.

Dr. Geikie presented for the inspection of the members a tapeworm having its head complete. The specimen was examined with interest, as the head of the tapeworm is not very often seen.

Dr. W. H. Porter, of New York, read a paper "On the Etiology and Pathology of increased body heat in relation to disease, and the use of Antipyretics." He said that, physiologically speaking, animal heat was produced by the motor forces or kinetic energy being converted into heat, or by the universal molecular friction of the microscopic elements of the body. The larger amount of heat, however, was produced by the transformation of the chemical elements of the food, which had a large amount of potential energy, which was given off in the form of heat. He referred to the various temperatures and to some means of determining the causes from which changes of bodily temperature arose. Drs. Temple, Turver, Cronyn, and Covernton spoke on the subject of the paper.

Dr. Satterthwaite, New York, then was called upon to read his paper "On the so-called Uric Acid Diathesis," which was a long and able exposition of the subject, but was not followed by discussion.

Dr. Joseph Workman at this stage entered and was welcomed by the President as the founder and originator of the Association.

Dr. W. H. Aikens brought in a patient with an unusually large growth on her face, for the inspection of members. The woman was 73 years of age, and the growth, which began 23 years ago, weighs from 4 to 5 pounds.

A paper on "The Removal of the Uterine Appendages" was read by Dr. Adam Wright. He gave examples of cases occurring in the General Hospital, Toronto, and discussed the application of the operation of removal to three varieties of conditions. In nervous diseases alone, he thought it unjustifiable as a rule; in fibroid tumors, when hemorrhages endangered life, he approved of the operation; in diseases of the tubes and ovaries, including hydro-salpinx, pyo-salpinx and hæmato-salpinx, the operation, he said, should be performed in certain cases. He reported several successful operations in illustration.

Dr. R. W. Powell, Ottawa, read a short paper on "Pelvic Hæmatocele," being a description of a case occurring in his practice, in Ottawa, in which pelvic hæmatocele was successfully removed, without any operative procedures, through the efforts of nature.

Dr. Palmer, Toronto, explained the intubation of the larynx, and answered a large number of

questions on his novel and apparently reasonable method.

Dr. White then read the report of the Committee on Ethics. The committee expressed the opinion that there are few, if any, members of the association who do not possess the ethical knowledge, the sense of honor, propriety and justice, which should at all times govern the conduct of gentlemen, and especially members of the medical profession, in their conduct towards each other, towards their patients and the public at large. The committee recommended that the president, vice-presidents and secretary of the association be a standing committee to whom any alleged breach of ethics by a member might be referred. Recognizing the influence of local medical associations, for promoting intellectual and scientific enquiry, and for the securing of a correct observance of medical ethics, the committee urged upon the members of the Ontario Association the wisdom of keeping alive and strengthening the various local associations, both with a view of their acting as feeders to the central society and of being nuclei for the dissemination of medical ethics throughout the province. The adoption of the report was deferred until the evening session, and the sitting adjourned.

In the evening, Dr. McDonagh, of Toronto, read an interesting paper on "Primary Tuberculosis of the Larynx." The writer expressed the belief that laryngeal tuberculosis sometimes at least, if not always existed prior to pulmonary tuberculosis. He cited one case which had come under his own notice where the patient suffered from hoarseness. A careful physical examination of the lungs did not indicate that those organs were affected. A camel's hair tube was passed over the larynx, and a microscopical examination of the mucus showed tubercular bacilli. He also had the opportunity of making a *post-mortem* examination of a subject at the Hospital, wherein the lungs were free from tubercular disease, but on the other hand the larynx was affected with tuberculosis. The practical value of the establishment of this fact would be, that it would be easier to get at the disease in the larynx than when it reaches the lungs.

Dr. Palmer, at the request of the association, exhibited his instruments for the performance of the operation of intubation. This exhibition raised an animated interchange of views on the respective values of intubation, tracheotomy and simple medication in the cure of diphtheria.

The report of the Committee on Public Health was then presented by Dr. Shaw. The report favored the placarding of houses where infectious diseases existed, and the exclusion of children from schools for at least 28 days after infection from diphtheria, and 49 days after scarlet fever.

Dr. Graham presented the report of the Committee on Ethics. The committee recommended the adoption of the code of ethics of the Ameri-

can Medical Association, with the amendments which their special circumstances might demand. The most important of these he quoted as follows:—"It is derogatory to the dignity of the profession to resort to public advertisements or private cards or handbills inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success or to perform any other similar acts. These are the ordinary practices of empirics and are highly objectionable in a regular physician." Another clause ruled that no one can be considered as a regular practitioner or a fit associate in consultation whose practice is based on an exclusive dogma to the rejection of the accumulated experience of the profession and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry, while at the same time when the good of the patient is involved, such a man, if recognized by the Medical Association, should not be fastidiously refused from fellowship or consultation. The report went on:—"Another matter which comes under this head we would here mention, namely, the injustice of the present system of club practice. In this province benefit societies are increasing in number every year, and the fees given for medical attendance are, in most cases, quite inadequate. Your committee think it might be well for the Association to give their opinion on this subject."

On the motion for the adoption of this report, Dr. Ross condemned club doctoring as commonly carried on.

Dr. Oldright pointed out that a specialist might be excused for advertising his speciality for the purpose of notifying the public that he did not wish for general practice. Dr. Burnham argued that his experience showed that it was not even necessary for a specialist to advertise his specialty on the door-plate to escape demands for general practice. He had never done so, and even at first he was very seldom troubled with such calls, and later on not at all. Dr. Burnham's remarks were evidently popular with the assembly, as he was frequently applauded. The report was adopted.

The treasurer's report was a favorable one, showing \$109 to the credit of the association. He announced that 194 paid up members had attended the meeting this year, and 10 visitors, making a total of 204. The greatest number at last meeting was 145.

Dr. Henderson introduced the report of the committee appointed to consider the question of a medical defence union, as follows:—The committee appointed to report on the motion of Dr. Hender-

son, regarding the formation of a medical defence union, beg to report that, in their opinion, it is desirable to appoint a committee whose duty it would be to consider appeals from members of this association, who may consider themselves persecuted by unfounded and malicious accusations. If requested, this committee will give professional advice to any member of this association who may be defendant in a case of surgical malpractice, the Advisory Committee to consist of Dr. Moore, Brockville; Drs. Sullivan and Henderson, Kingston; Dr. Day, Trenton; Dr. Malloch, Hamilton; Drs. Thorburn, Richardson and White, Toronto; Dr. Eccles, London; Dr. Harrison, Selkirk; Dr. Taylor, Goderich; Dr. Thorburn chairman of the board. The report was adopted.

The Nominating Committee brought in the following nominations of officers for the ensuing year:—President, Dr. J. W. Rosebrugh, Hamilton; First Vice-President, Dr. H. M. McKay, Woodstock; Second Vice-President, Dr. Moore, Woodstock; Third Vice-President, Dr. Adam Wright, Toronto; Fourth Vice-President, Dr. Taylor, Goderich; General Secretary, Dr. J. E. White, Toronto; Treasurer, Dr. N. A. Powell, Toronto; Corresponding Secretaries, Dr. Fenwick, Kingston; Dr. McPhatter, Guelph; Dr. R. W. Powell, Ottawa; Dr. Shaw, Hamilton.

The following committees have been appointed President, for 1887-'88.

Credentials.—Dr. Caw, Parkhill, Chairman; Drs. Alex. Davison, R. A. Pyne, W. H. B. Aikins, Armstrong, Britton, Barrick, Duncan, Elliott, Carveth and A. Bethune, of Toronto.

Nominations.—Dr. Buchan, Toronto, Chairman; Drs. McKay, Woodstock; Brown, Galt; Holmes, Chatham; Mullin, Hamilton; Worthington, Clinton; A. H. Wright, Toronto; Hilliary, Aurora; R. W. Bruce Smith, Seaforth; Aylesworth, Collingwood; Yeomans, Mount Forest; Henderson, Kingston; Powell, Toronto; Harrison, Selkirk; McPhedran, Toronto; Eccles, London and Waters,

Public Health.—Dr. McKinnon, Guelph; Chairman; Drs. Canniff, Toronto; Shaw, Orillia; Mearns, Petrolia; Meek, London; Wilson, Richmond Hill; Howitt, Guelph; Carmichael, Mount Pleasant; Bryce and T. S. Covernton, Toronto, and Shaw Hamiton.

Legislation.—Dr. Gilmore, West Toronto Junction, Chairman; Drs. Strange, Toronto; Hon. Mr. Sullivan, Kingston; Kitchen, St. George; Lundy, Galt. Herod, Guelph; Millar, Hamilton; C. W. Covernton and Cameron Toronto; Colver, Waterford; Millar and Clelland, Toronto; Cochrane, Omeme; Bigelow, Parkdale; Forest, Mount Albert, and Whiteman, Shakespeare.

Publication.—Dr. A. A. Macdonald, Toronto, Chairman; Drs. Anderson, Millgrove; Cauldwell, Lakefield; McAlpine, Lindsay; McLay, Alymer; Philip, Hamilton; Smith, Orangeville; Winskill,

Brantford ; Peters, Toronto ; J. L. Davison, Toronto, with the secretary and treasurer.

By-laws.—Dr. Thrall, Woodstock, Chairman ; Drs. Rosebrugh, Cotton, Coatsworth, Doolittle, E. E. King, Geent, Gullel, A. Geikie and Bingham, Toronto ; Cruikshank, Ellesmere ; Freel, Stouville ; Burgess, Toronto ; Macguire, Guelph ; Macdonell, Orillia.

Ethics.—Dr. McFarlane, Toronto, Chairman ; Drs. Atherton, Barrick, Baines, McCullough, O'Reilly, Strathy, Sweatman, G. B. Smith and Spencer, Toronto ; Sturgeon, Hagersville ; Marquis, Brantford ; Gaviller, Grand Valley ; Mitchell, Enniskillen and Lovett, Ayr.

Necrology.—Dr. Bescom, Uxbridge, Chairman ; Drs. Gilpin, Brechin ; Hanley, Waubashene ; Tegart, Waterloo ; Clarke, Sanderson ; Orr, Starke ; Spence, Pollard and Watson, Toronto.

Arrangements.—Dr. Burns, Toronto, Chairman ; Drs. Wagner, Ross, jr., Palmer, Sweatman, Duncan, Sheard, Oldright, Cameron, Watson, Baines, Wishart ; Carson, Riordon and McCullough, Toronto.

Audit.—Dr. Nevitt, Toronto, Chairman ; Drs. Forest, Mount Albert ; Marlatt, Aylmer ; McCamus, Bobcaygeon ; Oliver, Niagara Falls ; Ross, Clifford ; Irving, Kirkton ; McKelvey, Brussels ; Trimble, Queeston ; Wood, Streetsville ; Roace, McKenzie and A. R. Pyne, of Toronto.

Papers and Business.—Dr. Machell, Toronto, chairman ; Drs. Jenner, Picton ; Thorburn, Temple, Teskey, Temple, Simpson, Graham, James Ross, Ryerson, George Wright, McDonagh and Wishart, Toronto ; Turver, Parkdale ; Thom, Streetsville ; Robinson, Brampton.

Special Committee on Physiology.—Dr. McCollum, London, chairman ; Drs. W. H. B. Aikins, Carson, Ferguson, Oakley, A. R. Pyne, Sheard, White and A. H. Wright, Toronto ; Duncan, Chatham.

Advisory Committee, whose members may consult in cases of actions for alleged surgical malpractice.—Dr. Thorburn, Toronto, chairman ; Drs. Moore, Brockville ; Hon. M. Sullivan and Henderson, Kingston ; Day, Trenton ; Richardson and White, Toronto ; Malloch, Hamilton ; Harrison, Selkirk ; Eccles, London, and Taylor, Goderich.

The following gentlemen have been selected for discussions in the respective subjects :

Medicine.—Drs. Mullen, Hamilton ; Burritt and Geikie, Toronto ; Digby, Brantford ; Waters, Cobourg ; Kaines, St. Thomas, and Forbes, Beachburg.

Surgery.—Drs. Grasett and McFarlane, Toronto ; Harris, Brantford ; Hon. M. Sullivan, Kingston ; Groves, Fergus ; Burt, Harris ; Dupuis, Kingston.

Obstetrics.—Drs. Powell, Ottawa ; Henwood, Brantford ; Uzziel Ogden, Macdonald, Toronto ; Fenwick, Kingston ; Hunt, Clarksburg.

Ophthalmology.—Drs. Bernham, Reeve, Ryerson, Palmer and Rosebrugh, Toronto.

The following gentlemen have been named and specially requested to contribute paper on the subjects selected :

Dr. Daniel Clark, on "Some functional disorder of frequent occurrence in general practice."

Dr. J. H. Richardson, on "Any medico-legal subject."

Dr. J. A. Temple, on "The use and abuse of pessaries."

Dr. Sheard, on "The pathological changes in the blood or tissues wrought by bacteria."

Dr. Oldright, on "The sections and sutures in bullet wounds of the intestines."

The nominations were adopted without amendment.

Dr. Richardson, the retiring president, then led his successor, Dr. Rosebrugh, to the dais, and that gentleman thanked the association for the honor conferred on him.

Papers by Dr. Yeomans, Mount Forest, on "Acute Intestinal Obstruction," and Dr. Turver, Parkdale, on "Physiological Reduction of Temperature in Diseases of the Chest," and one by Dr. Ryerson, of Toronto, on "Ophthalmic Epilepsy," were held as read, time being insufficient in the sessions in which they were to have been given.

It was decided that the next meeting shall be held in this city, when, after the usual votes of thanks, the association adjourned.

ONTARIO MEDICAL COUNCIL.

The annual session of the Ontario Medical Council was opened June 14th, in the hall of the College of Pharmacy, the President, Dr. H. H. Wright, in the chair. In opening the proceedings he (Dr. Wright) expressed his sorrow for the losses the Council had sustained by death during the past year. He proceeded to say he felt assured the Council would co-operate with the Minister of Education in his desire to raise the standard of professional education, and he suggested the revision of the primary and matriculation examination papers with that object in view. At the same time, he did not think it essential that the matriculation in arts should be exacted to qualify a man for the medical profession. He congratulated the Council on the amendments to the medical law which they had obtained at the last session of the Legislature, and expressed their indebtedness to Mr. Gibson, the member for Hamilton, for the tact he has shown in taking charge of the bill and for his kind services in promoting it.

Dr. Henderson, of Strathroy, was then elected

President for the year by acclamation, and returned thanks for the honor conferred upon him. Dr. Burns was elected Vice-President; Dr. Pyne, Registrar; Dr. Aikins, Treasurer. A committee was appointed to strike the standing committees. They presented a report, which was adopted.

Reports of the Board of Examiners, giving the result of the recent examinations and of the Legislative Committee, stating what amendments had been made to the Medical Act, during the recent session of the Legislature, were submitted and referred to the appropriate committees.

A form of cablegram congratulating her Majesty on her completion of her Jubilee year was moved by Dr. Geikie and carried by a standing vote. The Council then sang "God Save the Queen."

The report of the Treasurer showed, receipts \$35,677, expenditure \$27,632, balance \$8,045.

The communication from the Ont. Med. Association, as to the formation of a medical library in Toronto, was referred to the Financial Committee.

Dr. Edwards' motion that clause 2, section 5 of Rules for Examiners, be amended to read as follows: "Any examiner, member of the Medical Council, or registered practitioner, may be present at any of the examinations; and there must invariably be not less than four members of the board present at every written examination, and not less than two at every oral examination: that the questions of the several examiners shall be retained by them until the day of examination when the necessary number of copies shall be made under the supervision of the examiner himself; that no student shall appear before the Board of Examiners until he shall have satisfied the Executive Committee that he has completed the full curriculum required by this Council; that the examinations shall not occupy more than six hours each day"; was referred to the Education Committee.

The question of the revision of the by-laws was remitted to the Rules and Regulation Committee. Dr. Burn's motion that a supplementary examination to be held for rejected and other candidates, was referred to the Committee on Education.

The report of the Executive Committee was submitted by Dr. H. H. Wright. The committee sustained the decisions of the Board of Examiners in the case of petitions for re-reading, by rejected candidates for 1886. The report was received and adopted.

Dr. H. H. Wright also submitted the report of the Building Committee dealing with the erection of the college building on the corner of Richmond and Bay Streets. The tender for the new building amounted to \$60,385.60, which amount will complete the building. The sum of \$50,000 has been

borrowed for ten years at 5 per cent. per annum interest, with privilege of paying off the principal in sums of no less than \$2,500 at a time. The college is expected to be ready for opening on the 1st of November next.

The report was received and adopted.

In the afternoon, Dr. Orr gave notice of a motion providing that the number of territorial representatives to the Council be increased from 12 to 18.

June 16th.

The President, Dr. Henderson, in the chair.

Dr. Williams moved that the examiner in no case report a student as having passed an examination, when on any subject he makes less than the minimum of marks set by the Council for a pass on that subject, but in any case when they may think there are special reasons for granting a degree to such a student they report the same to the Council for its sanction. The motion was carried.

Dr. Campbell's motion that the minutes of the Council be printed, and a copy sent to each member of the college who has paid his annual assessments, was carried.

Dr. Orr's motion as to the increase of the territorial divisions be arranged, and that the representatives to the Council be increased from 12 to 18, was held over till next meeting.

Dr. Burns submitted the report of the committee appointed to report on the subject of instituting clinical examinations. The committee recommended that clinical examinations be made compulsory, the General Hospital authorities having agreed to provide every means requisite, and the hospital authorities at Kingston being likely to do the same. The report was read and referred to the Education Committee.

The Council then went into committee of the whole to consider the Legislation Committee's report, which referred to the recent amendments to the Medical Bill passed by the Legislature, and the questions of increased representation at the Council, and the holding of examinations in London. The report stated that the committee took no action on these two questions, and that their efforts in obtaining legislation that cases of non-payment of assessment dues be sued in Toronto instead of the County Courts met with the disapproval of the Government.

The Council, on resuming, adopted the report.

June 17th. Dr. Henderson in the chair.

Dr. Henry moved, seconded by Dr. Orr, "That legislation be obtained to compel the municipal corporations to make provision for the payment of medical men for attendance on its poor; that the whole question be referred to the Legislation Committee, with instructions to endeavor to procure the same; and that the Registrar be instructed to send a circular to all registered practitioners in the Province, requesting them to use their influence

with their respective members in the Local House to strengthen the position of the committee to procure legislation."

It was moved by Dr. Campbell in amendment, that the following words be added after the word "same":—"Whenever the Legislature is approached for further amendment to the Medical Act." The motion was carried as amended.

Dr. Logan moved, seconded by Dr. Geikie, "That in view of the late change in the Imperial Medical Act, it is desirable on the part of this Medical Council to determine the conditions upon which British graduates may be registered in Ontario." Carried.

On motion of Dr. Williams, seconded by Dr. Moore, it was resolved, "That a special committee consisting of Drs. Fowler, Geikie, Logan, Wright, Bergin and the mover be appointed to consider on what terms British graduates may be allowed to become registered and practise in Ontario: that they report at the next meeting of the Council, and that in the meantime they be not allowed to register except in the ordinary way of examination."

Some discussion followed, and Dr. Campbell moved in amendment, "That this Council admit British graduates to registration in Ontario on the same terms on which Ontario graduates are registered in Great Britain."

The amendment was lost, and the original motion carried.

Dr. Edwards presented the financial report, and the Council went into committee of the whole, on the report; Dr. Campbell in the chair.

Discussion arose on the formation of a library in the new College, for the use of medical men both in the city and county.

Drs. Graham and Powell addressed the Council on the subject, and it was finally decided "That a room be placed at the disposal of the Ontario Medical Library Association, at a nominal rental."

The suggestion of the committee, that the examiners should be paid \$50 each for extra work, was acted upon. The examiners were also allowed \$3.50 per day as travelling expenses, while absent from their homes. The remainder of the report, which was adopted, recommended the paying of members' expenses while attending the Council, and stated that after paying all accounts, there was a balance in the Treasurer's hands of \$8,045.63. Accounts to the amount of \$1,587.45 were recommended to be paid.

The assets and liabilities are as follows:—Site of building, \$20,000; new building so far as completed, \$19,905; assessment dues, \$7,500; cash in bank, \$8,045.63; total, \$53,450.63. Liabilities:—Mortgage, \$15,000; accounts just passed, \$1,587.45; extra expense of session, \$1,900; total, \$18,487.45; balance, \$36,963.18.

In the afternoon, the Building Committee of

last year was re-appointed. Executive Committee as follows:—the President, Vice-President and Dr. Edwards.

It was moved by Dr. Russell, seconded by Dr. Harris, "That the Executive Committee appoint a public prosecutor and prescribe his duties." Carried.

On motion of Dr. Day, seconded by Dr. Williams, "That leave be now granted to introduce a by-law to appoint a committee for the purpose of carrying out the Act passed at the last session of the Provincial Legislature, entitled 'An Act to amend the Ontario Medical Act'; that the same be now introduced and read a first time and refer red to a committee of the whole."

The Council went into committee of the whole on the by-law.

The by-law was read a third time and adopted. It is as follows:—The Council, under and by virtue of the powers and directions given by sub-section 2 of section 5 of chapter 121, 50 Victoria, entitled "An Act to amend the Ontario Medical Act," enacts as follows:—(1) The committee for the purposes of the said section shall consist of five members, three of whom shall form a quorum. (2) The committee shall hold office for one year, until their successors are appointed. (3) The committee appointed shall be known as the Committee on Discipline. The following gentlemen compose the committee:—Drs. Logan, Bray, Day, Russell and Wright.

The President read the following cablegram,—"WINDSOR, June 17.—The Queen desires me to thank the Medical Council of Ontario for their kind congratulations. (Signed), PONSONBY."

EVENING SESSION.

Moved by Dr. Ruttan, seconded by Dr. Fowler, "That the thanks of the Council are due to the College of Pharmacy, for the use of their building during the present session of the Council." Carried.

Resolutions of condolence were passed in reference to the deaths of Dr. Fulton and Dr. Barrett. The Registrar was instructed to send a copy of each resolution to the families of the deceased.

The report of the Committee on Discipline was read and received.

The report of the Committee on Education was read by Dr. Williams, and the Council went into committee of the whole to consider it. Dr. Day in the chair. The report was adopted. It dealt with a number of students who failed in their examinations, complaining that their papers had not been properly marked by the examiners. It also recommended that Mr. L. Hitemanich be allowed the short primary examination on account of service in the late rebellion and of not receiving sufficient notice at the late examination. Mr. J. M. Penhall was also permitted, on account of having

taken three courses in Canada and one at Bellevue, N.Y., to present himself and he would be admitted. The committee also suggested that the Council take steps to have a representative on the Senate of the Toronto University, as such privileges are extended to other bodies, including the Law Society.

The following were appointed the Board of Examiners for 1887:—Anatomy, descriptive, Dr. Grasett, Toronto; Theory and Practice of Medicine, Dr. Irwin, Kingston; Midwifery, Dr. J. McArthur, London; Physiology and Histology, Dr. H. P. Wright, Ottawa; Surgery, Dr. J. H. Cameron, Toronto; Medical and Surgical Anatomy, Dr. J. Wishart, London; Chemistry, Dr. R. A. Reeve, Toronto; Materia Medica, Dr. H. McKay, Ingersoll; Medical Jurisprudence, Dr. D. S. Elliott, Orillia; Homœopathic, Dr. Evans, Toronto.

The proceedings were brought to a close at 10.30 p.m., and the Council adjourned *sine die*.

Selected Articles.

NOTES ON THE CAUSE AND TREATMENT OF FUNCTIONAL INSOMNIA.

At a meeting of the New York Neurological Society, May 2nd, Dr. B. Sachs read a paper on this subject. Under the term he included cases of insomnia pure and simple, occurring in persons of the neurasthenic habit. He preferred to say neurasthenic rather than hysterical, for in his experience actual insomnia was less frequent in truly hysterical patients than in those suffering from cerebral or spinal neurasthenia. A number of typical cases were cited. The author thought that in the majority of such cases there was good evidence of disturbances in the cerebral circulation. As it had been found in animals that an increased activity of the cerebral circulation was accompanied by a deficient circulation in the peripheral parts, so in many cases of chronic insomnia cold extremities, pallor of the skin, and a scanty uterine flow pointed to a deficient peripheral circulation, and in many of these cases there was weakness of the heart, with a weak pulse. Special attention was called to the simultaneous occurrence of insomnia and headache, and to the fact that as a rule the headache was of the paralytic migraine type.

The treatment of migraine and that of insomnia were similar in many respects. The author wished particularly to insist on the point that continued hypnotic medication was worse than useless. The good results obtained by him had been due to close attention to matters of general regimen; to the treatment of anæmia; and to the strengthening

of the force of the heart's action by cold douches, by the regulation of exercise, and by the methodical performance of definite forms of active physical exercise, such as riding, rowing, and mountain climbing. Hypnotics were of use only at the outset of treatment; among these the reader mentioned chloral and bromides, to be given at night, or bromides alone, amorphous hyoscyamine, urethane, and paraldehyde. Their use should be discontinued as soon as a slight improvement was noticeable, and from that time onward general treatment was to be pushed vigorously.

Dr. Fisher thought that a very common cause of insomnia was anæmia, and he had seen considerable success in its treatment with cod-liver oil, cream, and other articles intended to improve nutrition. In some of the cases ordinary hypnotics had been administered without any avail. The patients might have the appearance of being well nourished while they were really anæmic. The mineral tonics were indicated, as a rule.

Dr. George W. Jacoby thought the paper was an exceedingly important one, especially in that it called attention to the fact that many patients with insomnia could be cured without the use of any medicines whatever. He agreed with the author that it was necessary to discriminate as to the cause of the wakefulness. He thought that in the majority of cases the cause would be found to lie in the circulation—not always in anæmia, but frequently hyperæmia. The cause being done away with, the sleeplessness would be overcome, but that which would cure anæmia in one case would not cure it in another. Active and passive exercise, particularly active exercise, were of benefit. For patients who could not go out, the muscle-beater was very useful. While he had not much faith in static electricity in the treatment of insomnia, he cited one case in particular in which a physician, who had applied it to one of his patients for another purpose, himself became sleepy under its influence. Perhaps the production of ozone by the instrument was the cause of this sleepiness, for it was well known that when we went into an atmosphere of ozone we were likely to become sleepy.

Dr. V. P. Gibney had noticed that static electricity tended to produce sleep. It was one of the few things that it had been found good for at the hospital with which he had formerly been connected. Dr. W. R. Birdsall thought, with the author, that we must adopt hygienic rather than purely medicinal measures for the cure of insomnia, but we were occasionally forced, as the author had said, to resort to some drug for temporary effect. For this purpose he had produced benefit without injurious effects—such as sometimes came from the use of the bromides, hydrate of chloral, etc.—with a drug first recommended to him by Dr. Seguin, namely, conium. This, given in large

doses, fifteen or twenty drops, or more, of the fluid extract, had in his hands been beneficial. He had continued its use two or three months without deleterious results.

Dr. G. M. Hammond thought that fully eighty per cent. of all his patients were similar to those described in the paper—persons suffering from insomnia, mental anxiety, etc. In the large majority of the cases he thought insomnia was due to hyperæmia of more or less limited areas of the brain. When the patients did sleep, they had unpleasant dreams. They were also frequently sufferers from dyspepsia, constipation, spots before the eyes, noises in the ears, sometimes hallucinations connected with various senses, and coldness of the extremities. It was rare for such patients to go away without being cured, but, if they subjected themselves again to the same causes, the condition returned. He used bromides, and stuck to them right through the disease. He gave only ten or fifteen grains three times a day, and also gave fluid extract of ergot. He applied static electricity and dry cups to the back of the neck, and regulated the sleeping hours. Dr. Leszynsky had been rather surprised, in view of a recent discussion before the society, to hear the author speak of the use of hyoscyamine as a hypnotic. It was a mistake to rely upon large doses of bromides given at night. There was an objection to their use in the case of ladies, because of the bad odor which they gave the breath. He had not been able to discover any peculiarity in the circulation of the retina in these cases. Dr. Weber said that since he had adopted the treatment recommended by Dr. W. A. Hammond, and just described by Dr. G. M. Hammond, he had obtained the best results in suitable cases for this mode of treatment. But in other cases the bromides might cause excitement instead of aiding sleep. When there was gastro-intestinal disorder, he added to the treatment the use of calomel, with benefit. Dr. Leszynsky referred to a remark by Dr. Birdsall concerning the use of a sinapism, or other cutaneous irritant, and said that Dr. W. H. Thompson had called attention some years ago to the beneficial effects of Cayenne pepper and like irritants to the surface of the body.

The President had found the warm bath a very valuable measure in many cases; in mild cases of insomnia the cold douche down the back and massage, had proved useful. Bence had discovered that ozone had hypnotic influence. Lupulin had been of benefit in the insomnia of old people; and lavender in some cases in which the stimulus of alcohol or warm food had failed.

Dr. Sachs objected to the use of the bromides, particularly in small doses, more than to anything else in the treatment of the class of cases under discussion, namely, those of insomnia in neurasthenic subjects. It was likely to do more harm

than good. The testimony at the discussion referred to by Dr. Leszynsky had not been against amorphous hyoscyamine, but against the crystalline form.—*N. Y. Med. Jour.*

REMARKS ON THE RADICAL CURE OF HERNIA BY INJECTION.

DR. C. B. KEETLEY, F. R. C. S.

The following paper may be taken as supplementary to one already published in the *Journal* (1885, vol. ii, page 543), and originally read at the meeting of the British Medical Association at Cardiff.

I have first to say that I found the combination of cannula and syringe somewhat awkward in practice; once or twice the two came apart as I was withdrawing the cannula, allowing an uncertain quantity of the injected fluid to escape, and compelling me to guess vaguely how much more to inject to make up for the loss. For this reason I caused to be made the injection-syringe described in the *Journal* for July 17th, 1886. This I now show to you, and you see it is a probe, cannula, and syringe all in one instrument, besides having certain other advantages, such as requiring only one hand to fill, empty, and otherwise manipulate it, and being very easily asepticised.

I have further to report three specially interesting cases, all in adults, in one of which I used the injection only, while in another I felt it prudent to refrain from using the injection, and to employ merely the suture, and in a third I adopted an entirely different mode of operating—one which neither requires the use of an anæsthetic nor prevented the patient from doing his business. The first and second cases were operated on at nearly the same time, namely, March 16th and April 14th, 1886. The successful case was a young adult man, with a left inguinal hernia of moderate size, coming through a canal also of moderate size. He was admitted into the West London Hospital, and a simple injection of concentrated decoction of oak-bark was thrown into his inguinal canal, no suture being placed in the canal-walls or apertures. A thickening rapidly formed at the site of injection, which felt very much like a crown-piece wrapped up in a piece of lint. This gradually got less, but some months after the operation, he had had no return of either the hernial impulse or hernial swelling. He usually wears a truss by way of precaution, but I shall not fear to let him discard it when next I see him. The other and less fortunate case was that of a very stout gentleman, who came up from Yorkshire to be operated on. I may mention, by the way, that his brother had suffered from hernia, and been cured by injection in America. In ten years of operative experience, I have never had so many minor misfortunes and pieces of what

I will call, out of charity to myself, "ill-luck" as I suffered in connection with this patient; they all arose out of a bad commencement. In giving the patient a list of two or three lodging-houses, I included one which, though excellent in itself, was not a good one for our particular purpose. I recollected this immediately; but, expecting to see the patient next day, and having arranged not to operate for a day or two, I thought I should have an opportunity of setting things right. Unfortunately, I did not hear again from my patient till the eve of the date fixed for the operation, and he had in the meantime taken rooms with an exceedingly bad light. A corner window on the ground floor, looking into the bottom of a kind of pit, and the enormous bed in the room, when placed in such light as there was, blocked the way in such a manner as almost to paralyze the nurse and greatly interfere with the assistant. Further, the eventful morning was dark and dull, even for London; and we had to use candle light. My assistant was more than fully occupied in endeavors to retract the fatty walls of the wound; these were so thick and deep that it was not until I had made an incision three if not four times as long as the usual one, that I could get proper access to the inguinal ring and its pillars. When I now proceeded to put in the thick catgut suture with a handled needle, the shank of the latter bent with the effort necessary to bring the eye into view after it had passed through the pillars. There was a good deal of oozing, and the nurse being occupied in holding the candle, while the assistant's hands were monopolised by the retractors, I had to sponge for myself. When the suture was properly inserted, I paused to reflect ere I injected a powerful irritant into the inguinal canal, after all the parts had necessarily been subjected to much rough usage.

Had we been engaged on some necessary operation, such as an amputation, to go on and make a thorough finish of it would have been a matter of course; but here was a very different state of things. My main object in doing these operations of injection is to find a really safe and reasonably certain mode of doing the radical cure of hernia. I would therefore infinitely rather fail to do any good than risk doing any harm. Therefore, considering the unusual stoutness of my patient, the large wound it had been necessary to make, the rough usage to which it had been subjected, the unreliableness of the antiseptic precautions which it had been possible to take under the circumstances, and the doubt whether, even under the most favorable conditions, injection would do much good to a hernia coming through such an immense aperture (it would admit four fingers), I determined to refrain from exposing my patient to the risks associated with injection into his canal. Had I had him on the hospital operating-table, in an excellent light and surrounded by plenty of assistance,

I should probably have there and then tied the neck of the sac, excised the fundus of it, sutured the ring, and confidently expected a good result. But this course was here at present out of the question, although I had obtained my patient's leave to do as I liked. I therefore merely put a little of the injection on the sutured ring, placed a drainage-tube, sponged and cleansed the wound with 70% sublimate lotion, and dressed with turf-moss dressing, etc., sublimated in the usual way.

Very glad I was afterwards that I had refrained from putting the injection into the canal, otherwise I should have probably had to deal with an abscess in the abdominal walls between the muscles, for the wound did not heal by first intention, and there was a good deal of suppurating with some sloughing. In addition to this, an attack of pneumonia with rusty sputa, high temperature, etc., developed in a few days, and kept the patient incessantly coughing, besides causing me some



anxiety, and compelling me to pay the most rigorous attention to the wound, with a view to preventing septic absorption. I used to dress it three times a day. The pneumonia was partly aggravated by his being kept always on his back with the foot of the bed raised, and disappeared rapidly as soon as I allowed him to sit up a little. The hernia remained up for a fortnight, and then came down in a fit of coughing.

The suture had given way, and I removed it through the wounds, which was still unhealed. I then let him sit up in bed, and all signs of the pneumonia quickly vanished, showing that whatever had been the original cause, it had been kept up and increased by the statical effect of the continued supine position with the lower extremities

raised, and the head and chest lowered. A good deal of effusion had taken place about the ring, which was diminished in capacity by the thickening, so that I hoped a truss would now keep up the hernia (which would be some advantage gained by the operation). During the few days the patient remained in town, walking about and standing, the hope seemed likely to be fulfilled; but our misfortunes were not at an end. The new truss, which he was now wearing with success, was sent to the maker's, that it might come back with another like it the next day when he had to return to the north. But the makers sent away the truss to some factory out of London, and when he was about to go to the train, they would give him neither the truss nor the duplicate, nor did they have in the shop another truss which was quite effective. When eventually he got the two trusses, he being then in Leeds, neither the new one nor the old one would keep up his hernia. There is really more to be learnt from this case than from the successful ones individually. From it I conclude that, when the patient is very stout, a first-class light, an extra assistant and an extra stout needle are required.

Secondly, I see that, in certain patients, unless it is possible to take the most complete antiseptic precautions, very troublesome suppuration may occur even after the simple operation in question.

Thirdly, this case furnishes one more instance of the uselessness of the suture without the injection: though it is but fair to say that this was a direct hernia, with no oblique valvular canal such as would be favorable to suturing.

Fourthly, that, as might have been expected, the position usual after all operations for radical cure of hernia is exceedingly bad for patients exposed to the causes of lung-affections.

Having by my open operations of injection, become sufficiently familiar with the parts, I wished to try subcutaneous injections, and was soon fortunate enough to get for a patient an able and observant surgeon who had himself been already operated on by as good a surgeon as any in these islands, but unsuccessfully, the form of operation having been an attempt to obliterate the canal with a gold wire passed subcutaneously, and left *in situ*. This was a right inguinal hernia with a short canal, but not direct.

My procedure was as follows. First, I requested my patient to get a brand-new morphia injection syringe, with a long, stout needle, and also a small quantity of absolute alcohol in a stoppered bottle. Both these were kept entirely for his own use, the former always remaining in his possession. Every other day, I injected five drops of absolute alcohol into the inguinal canal. The needle was used in the following manner:

Invaginating the scrotum, I passed my left forefinger up the inguinal canal as far as the internal

ring, the patient lying supine. With my right hand I now inserted the needle, making it pierce the skin external to the middle of Poupart's ligament, that is, nearer the anterior superior spine of the ilium, and passed the needle-point from without inwards and backwards, till, going through the external oblique aponeurosis, it touched my forefinger-tip lying in the inguinal canal. The point of the needle was now, of course, itself in the canal, and directed downwards and inwards, in fact, nearly in the axis of the canal. The next step was to take my finger out of the canal, leaving the needle-point in it. My own sight and the patient's own feeling used to assure us that the hernia remained reduced; but, even had it slipped down, it could not have been wounded by the needle lying point downwards and inwards, in the manner I have described. The injection was now made, and the needle withdrawn; a smart burning sensation was felt for half a minute (it was timed accurately by a watch), and then disappeared entirely, as though the alcohol had a secondary anæsthetic action.

What were the results of these injections? Either the second or third injection produced a thickening in the canal about the size of a small Spanish nut; and a few more injections, or rather, the last of them produced a swelling as big as a plover's egg, or bigger; it completely blocked up the canal, and was decidedly tender, as well as somewhat painful for a day or two.

Both my patient and myself were now hopeful of success; but, alas! as the swelling subsided, it became probable that it was in the cord, and not in the loose tissues of the canal, because it gradually descended in the canal, till it was all at the external ring; it is needless to say that a swelling there will not cure an oblique hernia.

The patient leaving town, treatment was now discontinued for two months, at the end of which time he returned, stating that his hernia did not come down so readily or so frequently as before; and that he was convinced that we had only to get the injection higher up, namely, to the internal ring, in order to obtain a cure. I was entirely of his opinion. He could only stay in town a very short time on this occasion, so I resolved, with his consent, to inject a more powerful irritant this time. Accordingly, I put in five drops of fresh glycerine of tannic acid; the reaction was tremendous; an immense swelling filled the canal, and descended out of it along the cord towards the scrotum. There was a good deal of pain and fever for a few days, and I kept him in bed; he had been walking about during the preceding treatment; but, again, the injection was too much in the coverings of the cord, so that, as the swelling subsided, the weight of the testicle dragged its remains down towards the external ring. My patient, who is in the army, had now to leave London on duty.

Now, I have no doubt in my own mind that I placed the needle point as high up the canal as the internal ring; and while my finger remained in the canal the cord was guarded effectually enough. But I was obliged to withdraw my finger before injecting, or, as actually happened in the only instance in which I did not, the injection would have gone into the tissues of the invaginated scrotum. During the operation, the tendency to retraction of the cord and testicle was marked, and doubtless the cord, so to speak, impaled itself on the needle as soon as my finger was withdrawn from protecting it. By the cord, I mean its coverings rather than the vas deferens, etc.

It is plain to me that there are two ways in which this simple operation can be perfected: 1. The needle can be provided with a protecting cannula, which should be slipped over its point before the finger leaves the canal. 2. The testicle should be dragged downwards as far as possible while the injection is being given.

There are very serious objections to the latter plan, and the former is the one I shall try at the first opportunity. I am sorry that the necessary departure of my patient prevented it being tried on him. His intelligence, his professional training, and his thorough understanding of his own case greatly increased the value of it.

I hope it will be borne in mind, in considering my paper, that what I am in search of is not an effective radical cure for hernia, but a safe one. I mean one so safe that any surgeon would as readily submit to it as to the opening of an alveolar abscess. Further, what is wanted is not an operation which is only safe in the hands of a very select few men of exceptional skill, knowledge, and experience, but one which can be satisfactorily done by any intelligent and careful surgeon who will take the pains to learn it, and to study the anatomy and pathology of the affection he proposes to treat.

I will take this opportunity of stating that I have this week examined the first patient on whom I operated for the radical cure of hernia by injection. He is a stout, middle-aged gentleman, who used to be greatly troubled by a double inguinal hernia, which came down even as he lay in bed. The result of the operation is in this case perfect. During the two years which has now elapsed, he has neither seen or felt anything of either rupture; except in the first month of convalescence, he has worn no truss, and there is no impulse. This case was operated on at the Fitzroy Home Hospital, in the presence of Messrs. R. Wharry, S. Benton, and J. Millá.—*Br. Med. Jour.*

THE BACILLUS OF ACUTE CONJUNCTIVAL CATARRH.—Week's paper (*"Arch. of Ophthal."* xv, 4) is based upon its own observations and cultivation experiments. The first case occurred in a woman,

aged thirty, in whom there was a rather profuse muco-purulent discharge. Weeks made a dry cover-glass preparation of the secretion, stained it with gentian violet, and examined the specimen with a one-twelfth oil immersion. The examination disclosed large numbers of small well-defined bacilli, which were aggregated on and in the pus cells, and free in the mucus. He then examined the secretion from the eyes of five persons in one family affected with acute conjunctival catarrh, and found the bacilli in all. He then determined to ascertain positively the contagiousness of the secretion by inoculating healthy conjunctivæ with secretion from an affected eye. At first, rabbits were used, but no conjunctival inflammation was induced. He then inoculated the healthy conjunctivæ of six eyes in five men who had previously lost their vision. In five of the six eyes inoculated the same form of conjunctivitis was produced, the bacilli being found in the secretions. Weeks has observed about one hundred cases of this disease since March, 1886. Attempts were made to cultivate the small bacillus on agar-agar and gelatin, in tubes and on plates, but the bacillus did not develop. On particles of pus transferred to the tubes the bacillus developed rapidly, but could not be induced to feed on the agar-agar. A mixture was then prepared containing only about 0.5 per cent. of agar-agar, and the bacillus developed feebly in this preparation in tubes. The bacillus in the tubes was contaminated with a club-shaped bacillus, and repeated attempts to separate the two proved fruitless. On the one-third per cent. to one-half per cent. solution of agar-agar in tubes, the bacillus with its contamination was carried to the sixteenth generation. Although repeated attempts have been made to cultivate this small bacillus on sterilized blood-serum, they failed to carry it beyond the second generation. It developed rapidly in beef-tea, and very feebly on potato. On agar-agar, but little growth can be seen during the first twenty-four hours. At the end of forty-eight hours a slight haziness appears along the track of the needle, and on the surface of the agar-agar a small elevation is noticeable, of a pearly color and glistening surface. By the formation of concentric colonies, the growth extends for a short distance from the point of puncture on the surface of the agar-agar. The growth reaches its height in from five to seven days, at which time the above described appearances are but slightly exaggerated. The bacillus then gradually degenerates, breaking up into small particles. The one-half per cent. agar-agar is the best medium yet found on which to cultivate this bacillus. An even temperature of from 34° to 37° C. is most favorable for the development of this microbe; it is also necessary to have abundant moisture. The bacillus varies considerably in length, being from one to two micro millimetres long; in thickness it is always

the same—about 0.25 of a micro-millimetre. In preparations from cultivation on agar-agar, Weeks has observed a number of the bacilli joined, forming quite long threads, but there was never any tendency to a double arrangement as in *Bacillus subtilis* or in Leber's bacillus of xerosis of the conjunctiva. The bacillus under consideration stains readily with watery solutions of fuchsin, gentian violet, and methylin blue. There is nothing peculiar to this bacillus in the effect produced upon it by the various acids, alkalies, alcohol, chloroform, or ether. A number of inoculations of the human conjunctiva have proved to the satisfaction of the author the innocence of the clubbed bacillus in the production of acute conjunctivitis. The bacillus in question is present in these cases of acute catarrhal conjunctivitis, as long as the yellowish discharge persists. Sections of the conjunctiva in some of the cases, obtained by cutting out small portions from the low *culs-de-sac*, showed the bacilli in rather scanty numbers in the anterior layers of the epithelium, either singly or in small colonies lying between the cells. Some leucocytes or pus-cells found in the epithelial layer, showed the bacilli apparently in the interior as well as on the surface of the cells. Weeks has never met with this bacillus except in the form of acute conjunctivitis just described.—*N. Y. Med. Jour.*

PUERPERAL PERIOD.—It is a mistake to not apply an abdominal bandage after delivery has been effected. The muscles have been trained to the utmost extent, and require to be supplemented by artificial aid until their normal contractile power is restored. A well-applied bandage not only adds to the immediate comfort of the patient, but, by checking the sagging of the abdominal walls and the consequent formation of a pendulous abdomen, prevents many a future regretful pang.

It is a mistake to not administer a laxative to the puerperal woman until the third or fourth day. If constipation is hurtful to a man of active habits, it is certainly not beneficial to a woman confined to bed in a warm room and surrounded by exhalations of a more or less unpleasant character. Many cases of so-called septicæmia are produced or aggravated by the absorption of putrid material from the intestines, and disappear after a brisk purgative is given. The health and comfort of all puerperal patients would be promoted by the administration of a gentle laxative twenty-four hours after delivery.

It is a mistake to use antiseptic vaginal, or uterine injections as a matter of routine practice. If the lochial discharges become offensive, or if there be reason to suspect the presence of placental or other débris in the uterus, they may be employed, but not in any other case. Intra-uterine injections should always be given by the physician himself, and not intrusted to a nurse.

It is a mistake to suppose that a rise of temperature in puerperal women is always due to septic infection. She is not exempt from any of the grave diseases which attack humanity. Many slight febrile attacks are due to the irritation of unnecessary injections, others are produced by cold, malaria, and nervous disturbances.

It is a mistake to regard quinine as the anti pyretic *par excellence* in all diseases of the puerperal period. Quinine is invaluable in the treatment of septic and malarial fevers, but in purely inflammatory affections it is much inferior to aconite and veratrum viride.

It is a mistake to restrict the diet of a puerperal woman to bread and tea, or gruel and similar articles. Rest for the stomach as well as for the body is imperative during the first few hours succeeding delivery, but after then it is unnecessary, as well as injudicious, to keep the patient upon low diet. Milk, soups, oysters, eggs, beefsteak, and fruit may be freely partaken of. Cold water may also be drunk *ad libitum*.—*Editor Med. Bulletin.*

THE NECESSITY OF EXAMINING THE MOUTH BEFORE GIVING AN ANÆSTHETIC.—It may seem superfluous to repeat a caution which is contained in every text-book on minor surgery, but one is apt at times to grow a little careless, and to forget small details when the mind is occupied with anxious thoughts. When an operator has so many assistants that one can give his undivided attention to the administration of the anæsthetic, as should always be the case where possible, any omission of such details is, of course, inexcusable. But it often happens, in cases of emergency, that the assistant must not only give the anæsthetic, but also assist the operator in many other ways. He is then liable to forget the possibility that something may be in the mouth, which is not unlikely, when anæsthesia is complete, to become loosened and fall back into the air-passages. It may be, that the patient has a false tooth, or several false teeth attached to a plate, or a palate obturator, or some other apparatus to supply a deficiency in some part of the jaw. Children are very apt to have marbles, lumps of sugar, pieces of cake or candy, or the like, which some fond relative has given them to help them to bear the approaching ordeal with greater courage. Any one of these objects is liable to be drawn into the larynx when all the muscles are relaxed and reflex movements abolished, and when the patient is taking deep inspirations.

An accident of this nature is related by Dr. Trossart in a recent number of the *Lyon Médical*. The patient was observed to be vomiting almost continuously at the commencement of the anæsthesia, and afterwards, when the head was turned over, a plate, with four teeth attached, fell out of the mouth. The object in this case was so large,

that it could not enter the larynx, but was drawn into the pharynx, and excited reflex efforts to vomit. Had it passed farther down, and become lodged in the œsophagus, the results might have been far from trivial.

Similar accidents have happened more than once, and a repetition of this caution would seem, therefore, to be worth the while. The cautious, and those who always have their wits about them, will pardon the repetition for the sake of their brethren with weaker memories. Always, as a matter of routine, examine the mouth of every patient before commencing to administer an anæsthetic. A neglect of this apparently trifling detail may cost a life.—*Med. Rec.*

ANTISEPTICS IN THE TREATMENT OF DIARRHŒA IN CHILDREN.—Dr. Emmett Holt, in an interesting paper published recently in the *N. Y. Medical Journal*, says in conclusion :

Is not the rational treatment then, to clear out the intestine as promptly and thoroughly as possible, and then address our energies towards stopping further decomposition ? In other words, to treat the cause and not the result ?

How should the antiseptic be administered ?

The salicylate of sodium I have been accustomed to prescribe in doses of from one to three grains every two hours, according to the age, from three months to three years. In these doses the aqueous solution is tasteless, and can be readily given in food or drink. I have never seen it produce vomiting, but often have seen severe and persistent vomiting controlled by it.

Naphthalin, although possessing a strong odor, is not disagreeable to the taste. On account of its insolubility, it is best given to children rubbed up with some inert powder, like sugar of milk. It should be used in a little larger doses than the salicylate—i. e., gr. j to gr. v in young children, according to the age.

Resorcin must be used in smaller doses, gr. $\frac{1}{2}$ to gr. ij, at corresponding ages. It is bitter, and not so easily given, though freely soluble in water. The bichloride was used in doses of gr. 1-120 to 1-100, but, even in these doses, I have more than once seen it produce vomiting.

In all cases I have insisted upon the antiseptic being given at short intervals, as many small doses are much more likely to succeed than a few large ones.

From the foregoing discussion the following conclusions are drawn :

1. Summer diarrhœa is not to be regarded as a disease depending upon a single morbid agent.

2. The remote causes are many, and include heat, mode of feeding, surroundings, dentition, and many other factors.

3. The immediate cause is putrefactive changes which take place in the stomach and bowels in

food not digested, which changes are often begun outside the body.

4. These products may act as systemic poisons, or the particles may cause local irritation and inflammation of the intestine.

5. The diarrhœal discharges, at the outset at least, are to be looked upon as salutary.

6. The routine use of opium and astringents in these cases are not only useless, but, in the beginning particularly, they may do positive harm, since, by checking peristalsis, opium stops elimination and increases decomposition.

7. I do not deny or undervalue opium in any other forms of diarrhœa than the one under discussion.

8. Evacuants are to be considered an essential part of antiseptic treatment.

9. Experience thus far leads me to regard naphthalin and the salts of salicylic acid as the most valuable antiseptics for the intestinal tract.—*Am. Med. Digest.*

CORROSIVE SUBLIMATE IN INTRA-UTERINE IRRIGATION.—Dr. Braun, from recent observations, has arrived at the following conclusions concerning the use of corrosive sublimate in irrigation of the uterus and vagina : 1. Vaginal or intra-uterine irrigation is frequently followed by absorption of the injected liquid ; 2. When this occurs, mercury is quickly detected in the fœces ; 3. If the return of the injected liquid be in any way prevented, absorption occurs rapidly ; 4. The 1 in 1,000 solution of sublimate should be used only in serious cases, such as tympanites of the uterus, putrefaction of the fœtus in the uterine cavity, or septic puerperal fever. The injection should not occupy more than a minute in the performance, and should be followed by a copious injection of distilled water. 5. The 4 in 1,000 solution should be injected only in cases of expulsion of a macerated fœtus or in endometritis consecutive to the expulsion of the fœtus in premature delivery ; 6. This solution may be of service in puerperal endometritis, accompanied by a fœtid vaginal discharge ; in these cases irrigation should be followed by an injection of pure water ; 7. Irrigation should be performed only by a medical man ; 8. Irrigation with corrosive sublimate should seldom be employed in woman suffering from extensive wounds of the vulva, in those who have been taking mercurial preparations, in cases of atony of the uterus, in anæmic women, or in patients suffering from diseases of the kidneys.—*Br. Med. Jour.*

PEPSIN INJECTIONS IN TUMORS.—Dr. W. H. Morse, in the *Med. Register*, reports his use of pepsin in the local treatment of tumors. He used one part of the pepsin to three of distilled water. He writes :

"My results have 'almost always' been uniform, and in referring to the exceptional cases, do not

understand me as having occasion to find fault with the pepsin. The sole reasons for failure have been due to extraneous causes, or when the neighboring lymphatics were involved. Thus in the main, my results have tallied with those of Thiersch, Nussbaum, and Broadbent, and this, both as regards benign and malignant tumors, some of them unmistakably cancerous.

"Reports of cases are, at the best, dull reading, and moreover are more dull to write, therefore I will not burden the busy reader with the details of my note-books. Yet, as to the matter of proof, I will submit something in the way of items.

"1. Recurrent carcinoma, as large as a hen's egg, seated in the right side of the inferior maxilla; suppuration excited by injection, and the tumor diminished to size of a hazelnut.

"2. Another carcinoma, of same size, situated in the right breast of a woman; suppuration after seven injections; and in the course of a month the residuary nodule was scarcely as large as a marrow-fat pea.

"3. A primary carcinoma of the size of a turkey's egg, situated back of the ear of a young man, was treated in the same way to one injection every twelve hours; after twenty-one injections, suppuration took place; ultimately, an entire disappearance of the tumor.

"4. Subcutaneous nevus, angle left eye, child; size of filbert; suppuration avoided only by occasional injections; after four months, reduction complete, save the clot.

"5. Interstitial fibroid of uterus; needle introduced through the vagina; anæsthetic employed; after several injections all accompanying symptoms removed, and the cure was considered complete."—*Med. and Surg. Reporter*.

TREATMENT OF DIPHTHERIA.—Dr. F. B. Drescher (*Weekly Medical Review*) has made use of the following treatment in diphtheria with marked success:

R.—Hydrargyri bichloridi, . . . gr. $\frac{1}{2}$.
Spts. frumenti, . . . $\bar{3}j$.
Syr. simplicis, . . . $\bar{3}j$.—M.

Sig.—Teaspoonful every three hours, night and day.

R.—Liq. ferri subsulphatis, . . . $\bar{5}ij$.
Glycerine, . . . $\bar{5}ij$.—M.

Sig.—Brush the throat once or twice daily.

R.—Tr. ferri chloridi, . . . $\bar{5}ij$.
Potassii chloratis, . . . $\bar{4}j$.
Glycerini, . . . $\bar{3}iss$.
Aquæ cinnamomi, q. s. ad., . . . $\bar{3}ij$.—M.

Sig.—Teaspoonful in teaspoonful of water every three hours, night and day.—*Med. Age*.

SCROFULOUS NECK—LOCAL APPLICATIONS.—I take it, that the day of local applications is over.

It is no longer a routine measure to paint iodine over the skin of the neck in all cases of cervical gland enlargement. Such painting appears to be of the most use in certain chronic cases where the glands—few in number—have become quite inert, listless, and free from all tenderness. In a large number of instances it does harm, probably by adding to the disturbance already existing in the periphery. Suppuration in glands has, I think, been often determined by iodine paint used by lavish hands. In some slow progressing cases, where the glands are not tender and there is no distinct evidence that suppuration exists, a steady rubbing of the part with the ointment of the ioddie of lead appears often to effect considerable improvement. Poultices of seaweed and compresses of salt water do little more than divert the patient and increase his risks of catarrh. In early cases, where the trouble is active and progressing, the use of the cervical splint alone is the most effective of local measures. With its application the parts are placed at rest, the glands cease to be painful, and very commonly cease to increase. The same may be said with reference to chronic enlargements that have become once again the seat of active change.—*Retrospect*.

BICARBONATE OF SODIUM IN THE TREATMENT OF GONORRHOEA.—It is now generally admitted that gonorrhœa is a parasitic affection. Observation seems to prove that the parasite can only exist in an acid medium, and the injection of non-irritant alkalies naturally suggests itself. Before commencing treatment. Dr. Costellan ascertains by means of litmus paper the acidity of the pus—a sure indication of the nature of the affection. He uses a one per cent. solution of bicarbonate of sodium, to be injected three or four times daily. From seven to eight days' treatment is generally sufficient to procure a marked diminution in the quantity of discharge, and convalescence is rapid. The injections at once relieve the scalding which accompanies micturition.—*London Med. Rec.*

W. H. MAY, M.D., New York, says: I have had very successful results in the administration of Bromide in cases having their origin in disorders of the nervous system, such as cholera infantum, paralysis, insomnia, etc. *But I find it to be of special value in the treatment of delirium tremens, and the results of debauch*; it being retained upon the stomach and speedily controlling the most dangerous symptoms, and producing the desired calmness and sleep necessary when morphia and other soporifics have failed to do so, and thus rendering the disorder amenable to further treatment. Have also prescribed it successfully in the terrible state of nervous exhaustion due to opium habitues endeavoring to relinquish the habit. And, finally, as result of experience, I pronounce it the "Hypnotic *par excellence*."

THE CANADA LANCET.

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Criticism and News.**

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Address, DR. J. L. DAVISON, 12 Charles St., Toronto.

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TREATMENT OF DIARRHŒA IN CHILDREN.

Now that the warm season is upon us, it may not be inappropriate to review the treatment of diarrhœa, in order to refresh the memory upon the best modes of managing so troublesome and often so fatal a malady. Our limits preclude anything like an exhaustive review, therefore we only attempt to bring out a few principal points which experience has proved most successful. First, then: vigilant attention to the hygienic environment, food, clothing, temperature, etc., is most important. Nothing appertaining to the most favorable and wholesome surroundings attainable must be neglected. Most definite directions must be given to the parents and nurse with regard to the dietary. They must be distinctly impressed with the vital necessity of regular and judicious feeding, flannel clothing, proper attention to the skin, pure air and moderately warm and equable temperature.

Pure boiled milk, in which a little flour is thoroughly cooked, to which a little Tr. Cinnamon or other carminative, and a few drops of good brandy may be added, is simple, easily prepared and unsurpassed as an article of diet in this disease. Many others are useful, such as corn starch, rice, arrowroot, etc., which may be required for variety to suit the capricious taste of the sufferer. The quantity given at one time should be very small,

and frequently repeated. Overloading the stomach and intestines is very deleterious. At a later period, especially if these foods pass through the stomach partially or wholly undigested, we have found nothing equal to scraped or finely shredded raw beef. It will be retained on the stomach better than most other foods, and will be digested and absorbed, leaving but small residue of waste material to pass downward and excite the irritable mucous membrane. Many of the extracts of meat and prepared foods are doubtless useful, but we have so far found none equal to raw beef. To alleviate the thirst, boiled milk and lime water, cold, to which some agreeable flavoring extract may be added if desired, fulfils the indications, and is generally grateful to the patient. This must also be given in small quantities and frequently repeated, especially when fever creates excessive thirst, and induces almost continuous applications.

The stools in the beginning are usually frequent, peculiar and offensive. At this period a few powders, composed of Hyd. cum. cret., rhubarb and soda bicarb. answers a good purpose. One dose of calomel sometimes acts like a charm, but when there are indications of scrofula, rickets or tubercle mercury, in any form, is contradicted, nor must it be continued in any case. Afterwards a mixture, composed of Tr. camph. co., Tr. rhei., Tr. kino. or catechu, carbolic acid and syrup will complete the cure in most cases. When there is much griping and tenesmus with a tendency to dysentery, enemata of starch and laudanum seldom fail to give relief. When the contents of the stomach and bowels indicate acidity, bismuth, chalk, and Dover's powder are useful, and in most cases, especially if persistent, ipecac in small and frequent doses is wonderfully efficacious. In obstinate cases, with a tendency to become chronic, oxide of zinc, nitrate of silver, arsenic, veratrum album, nux-vomica and corrosive sublimate each has its advocates, and are all very useful in properly selected cases. An innumerable array of other remedies have been advocated and successfully employed in many instances, to which space will not permit us to allude. But we have had more success in chronic cases which have resisted ordinary remedies, by stopping the use of all drugs, except perhaps pulv. ipecac co., to allay pain and give rest, and relying upon raw beef, with wine whey (when very much exhausted) for drink. What is

needed in these cases is nourishment, and not drugs, and beef in this condition appears to supply the want better than anything else with which we are acquainted. Even very young infants, with irritable stomachs will retain, digest and absorb this, and in most instance, evince a desire for renewed supply, when almost everything else fails.

We do not underate the value of change of air, going from the city to the country, from unwholesome to wholesome surroundings, flannel bandages around the abdomen, etc., etc., but unless sufficient nourishment can be supplied to the system, all is in vain. All have frequently seen in this disease, the child with a voracious appetite, swallowing more food than a healthy child, suffering from actual starvation, from almost absolute indigestion, the diarrhoea kept up by irritation, caused by the passage of this food through the bowels. In this case digestible nourishment is the *sine qua non*, and raw beef sprinkled with a little lactopeptine, the specific. Others may have found something of more utility than this, but we have failed to do so. The various germicides may prove more effective remedies in future, than those mentioned, but sufficient time has not elapsed at present, to satisfactorily establish their superior utility, and therefore we must be permitted to retain the established remedies till the recent ones have been proved more successful.

AMERICAN GRADUATES IN CANADA.

The question of reciprocity in the matter of medical degrees in the United States and Canada, was to have been taken up, says the *Chicago Inter-Ocean*, by the American Medical Association which met recently at Chicago. The fact that "the Canadian schools, and notably those of Ontario, ignore the degrees of all other universities conferring medical degrees, whether in Europe or America," is considered a grievance.

If it had said "Councils" instead "of schools" the above would have been more correct, as the schools, of course, have nothing to do with the licensing of practitioners. It is further stated that "while the Canadian graduate is courteously received in the United States, his degree recognized by the Boards of Health there, and his status unquestioned by the medical societies, in Canada the graduate of schools of medicine, cer-

tainly in no way the inferior of their best institutions," is not allowed to practise because he has not fulfilled the supposed vexatious requirements which entitle him to be registered in Canada. Now, a kindly and fraternal feeling between the medical men of the United States and Canada is greatly to be desired, and none know better than Canadians the advantages we derive from the great schools and hospitals of our neighbors as well as from their medical literature and advances in the science of medicine, for which they have been famous. But unfortunately, there are schools and degree-granting institutions in the United States which are simply a disgrace to that country. This is readily admitted by all the best men on both sides of the line. Now, free trade would be all very well if we could permit only the men whose education is up to the modern standard to come among us, but how draw the line? We certainly do not wish our country flooded with "wild-cat" degrees from the Western States, nor yet with bogus medical diplomas like those which were lately "sold by the hundred at Philadelphia," and so the only recourse we have is to shut out all. We do not consider our medical institutions better than, nor even as good as, the great schools of our neighbors, but we do hold they are better than the vast majority of institutions there which have the power to grant degrees in medicine.

When, however, the *Inter Ocean* put the case of European licentiates being excluded, and especially by Ontario, it was right as to the injustice of such exclusion.

What reason our Council in Ontario can advance for keeping out British licentiates we are not able to surmise, unless, indeed, it be solely for the sake of fees paid for Council examinations. We would like an expression of the feeling of the medical men of Canada, on this latter point, for we can but think that the consensus of opinion would be to allow all British licentiates to register here; especially since similar action has lately been taken in England, admitting our licentiates to registration there. The matter was under discussion at the meeting of the Council last week, but as shown by the report in another column it has been referred to a special committee which will report next year, and in the meantime British licentiates will not be permitted to register. We would say to the Ontario Medical Council, protect

us to the fullest extent from quacks and the holders of worthless degrees, but do not make us appear ridiculous in the eyes of the medical world at large.

ONTARIO MEDICAL COUNCIL.

The late meeting of the Ontario Medical Council opened under the presidency of Dr. H. H. Wright, on June 14th. One of the first matters discussed was, the question of raising the standard of matriculation. Nothing definite was, however, elicited, but it was thought that the Council would work harmoniously with the Minister of Education in the direction of raising the standard. This movement is not too early. It is a fact much to be regretted, but none the less a fact, that many of our students come up for their professional education with an extremely narrow field, as far as literary or scientific education is concerned. Let us hope that a new era is about to dawn in this respect, and that while the change may not be too sweeping, it may be sufficient to ensure that medical students shall possess at least a fair general education, in the present meaning of that term, before they shall be allowed to commence their professional work.

Dr. Edward's amendment, as given in another column, was of importance, especially we think, as to the last clause. At the last Council examination, students were in attendance up to 10 and 11 o'clock at night, and of course the examiners were worn out, perhaps cross, for they are human after all, and perhaps also not just in that frame of mind necessary to decide upon the fate of the poor candidate who had to hunt up well worn arteries and nerves by artificial light. However that was, there was much dissatisfaction expressed by those students who came in late at night, and while we know that if a student can not grumble at one thing he will at another, we think Dr. Edward's motion timely. Dr. Burns' idea of insisting on a clinical examination, is certainly in the right line. It will take more time, and add somewhat to the expense, but nothing can be considered too great a sacrifice which adds to the practicalness of our examinations. We hope to see this matter carried through.

The Committee of Discipline, following the late amendment of the Medical Act, was struck. We

congratulate the gentlemen, as also the profession at large, on their appointment, but we do not envy them. The examiners for next year are all well-known men, and will no doubt be satisfactory to all concerned. It is gratifying to know that the financial condition of the Council is on so sound a basis.

ONTARIO MEDICAL ASSOCIATION.

The late meeting of the Ontario Medical Association was undoubtedly the most successful which has been held by this body since its organization. The number of members attending was greater than ever before, and the general interest of the meeting was increased by the presence of several distinguished visitors and delegates from the different States. Many of the papers read were excellent, and the discussions on them full of interest to all present. We need not say anything further as to the papers presented, as they will appear from time to time in this Journal; but we would like to enter a protest against the *cacethes loquendi*, displayed by some of the members, who talked apparently for the simple purpose of hearing themselves talk, and took up time with unimportant matter, which might have been more profitably spent in other ways. Some speakers seemed to forget that they were speaking to educated men, and not to students. When we speak of unimportant matter, we do not wish it to be understood that we mean plain, simple, every-day work from which principles may be evolved. Thus, we believe, that the understanding of so simple a matter as the use and abuse of poultices, so clearly put by Dr. Gerster, of New York, is more important than a discussion on, say, peri-typhlitis, albeit the latter name may sound more grand when well rolled on the tongue. But we do think that simple cases, mentioned one after another, with nothing out of the ordinary in them, and leading up to nothing, should be characterized as unimportant, and that the only object the speaker has, is to talk, and to let it be known that he has had cases.

The President, by his uniformly courteous manner, and the great interest he took in the various discussions, as well as by his sound arguments and practical suggestions, did much to augment the interest of the meeting.

The appointment of an Advisory Committee, to whom questions as to malpractice may be referred, will have a good effect. Under its advice a practitioner will enter the field against his opponent with a recognized backing, which will go far towards improving his case. We think Dr. Henderson deserves the thanks of the profession at large, for the energy and zeal he has shown in this matter. The number of papers was too great for all to be heard, and we have no doubt that much good matter was thus crowded out. The election of officers seems to have been generally acceptable, and especially that of the President, Dr. Rosebrugh, of Hamilton, who has always shown great interest in the welfare of the Association, and under whose care it will doubtless be sure of a good meeting next year.

CHLORAL IN LABOR.—A correspondent of the *Medical Age* says: For a great many years I have been using hydrate of chloral in cases of labor, with remarkable results. When I am called to attend a woman in labor, and find the os undilated or rigid, I invariably inject into the rectum 30 grains of hydrate of chloral dissolved in about four ounces of warm water, with a little starch added. I have used this means for such cases for eight years, and have failed to get any but the most flattering results; in fact, I can not prize the method too highly. On the 28th of this month, I was called to a case of placenta prævia; the woman had been flowing all night, and when I got there, at 6 o'clock, a.m., she had lost much blood. I found the os rigid and undilated. I immediately injected my favorite remedy, and in less than three minutes the os was dilated so that I could readily pass my hand into the uterus, and the rectum, vagina and perineum were well relaxed. The drug has never failed me yet in this connection, and I would like to commend it to others who may not have used it.

BRITISH DIPLOMAS.—The following Canadians have received the L.C.R.S. Ed., and L.F.P. and S. Glasgow: D. Thompson, F. M. Brown, A. B. Thompson and C. A. McBride.

There was an extra pass or final examination held on 17th June, for the L.R.C.P. London and the M.R.C.S. Eng. This was to allow candidates to have an opportunity of obtaining the diploma and

registering before the new Medical Act came into force (30th June).

EUCALYPTOL IN PHTHISIS.—The *Med. Press* says, M. Ball communicated to the Académie the result of his observations relative to the treatment of phthisis by subcutaneous injections of eucalyptol. This new treatment, commenced by M. Roussel, was variously tried, and with some good results. Out of 21 patients, 6 died, 10 were much improved, and 5 are still under treatment. The agent acts as an antiseptic, diminishes the sweating, diarrhoea, expectoration, and fever. The eucalyptus is dissolved in four times its volume of olive oil, and of this a full hypodermic syringe is injected over the hip. An intelligent chemist at Paris, called Lebrun, has produced a solution which he styles eucalyptine, to be used for the same purpose. It is much more convenient, as it requires no preparation. From a half to a whole syringe-full is injected twice or three times a week, or even every day, until the patient exhales by the breath the odour of the substance. Favorable reports have been made on it.

INEQUALITY OF PUPILS IN HEALTH.—Ivanoff (*Vratch*) came to the following conclusions, from the examination of one hundred and thirty-four healthy recruits: 1. Equal or symmetrical pupils, as well as equal or symmetrical halves of the face, are met with but very seldom, the former only in nine per cent. of the persons examined, and the latter only in 2.2 per cent. 2. That inequality or asymmetry is probably dependent upon an asymmetrical development of the cerebral hemisphere. 3. In 54.5 per cent. of persons, the left pupil, and in 73.9 per cent. the left side of the face, is larger than the right one.

SWALLOWING ARTIFICIAL TEETH.—A writer in the *Brit. Med. Jour.* mentions a case in which he successfully got rid of the foreign body, a gold plate with two teeth, by a plan recommended by Sir James Paget. The patient was made to eat three large slices of bread, and swallow four tablespoonfuls of flour and water, mixed into a thick mass. An emetic was then administered, and the plate and teeth were vomited, entangled in the tenacious contents of the stomach.

DYSPHAGIA OF PHARYNGEAL PHTHISIS.—This

distressing symptom has been (*Lancet*) relieved by Mr. Lennox Browne, by first scraping the diseased surface—after having applied cocaine—and then touching it with a strong solution of lactic acid (20 to 60 per cent.) daily. At the end of three weeks the dysphagia was entirely relieved.

ATTEMPT TO REMOVE A NEEDLE FROM THE HEART.—In the *Brit. Med. Jour.* is a report of the following case from the recent German Surgical Congress: A student of the Polytechnic School had endeavored to kill himself by driving a needle into his heart. Though the needle entered the heart, the attempt failed. The needle could be distinctly felt. The pericardium was opened, but the needle was not found; a second operation was undertaken, and the operator was successful in seizing the needle, but failed to extract it, so that it slipped completely into the heart, where it could be felt. The operation having been abandoned at this stage, the patient made a good recovery.

DIET IN BRIGHT'S DISEASE.—J. Milner Fothergill gives (*Journal of Reconstructives*) the following for a patient with Bright's disease:

Breakfast: Oatmeal or hominy porridge, hominy fritters, followed by a little fish with plenty of butter to it; or a slice of fat bacon or pork. Fat, fish or farinaceous matters. Hominy and fat pork for the less affluent.

Lunch or supper: Mashed potatoes well buttered. Other vegetables well buttered. A milk pudding made without an egg. Biscuits of various kinds and butter, with a nip of rich cheese.

Dinner: Soup, containing plenty of vegetable matter, broken biscuit, or sago, or vermicelli. Cream in lieu of so much strong stock should lurk in the soup tureen; especially in white soup. This should be followed by fish in some form; a course of vegetables, as stewed celery, chopped carrots, a boiled onion, leeks, nicely prepared potatoes, as "browned potatoes," à la Marion Harland, asparagus, or "scalloped tomatoes" and corn or "boiled corn." Then should follow apple-bread pudding, Maud's pudding, bread and raisin pudding: and, if the digestion can be trusted, roly-poly pudding, sweet pudding and fruit pies. Stewed fruit, with creoled rice, rice milk or other milk pudding is good, or better still, cream. Then

comes the biscuit, or crackers and butter. Dessert with its many fruits should never be omitted.

MORPHIA MANIA.—M. Ball (*Gaz. des Hospitaux*) gives the following directions for treating patients with morphia mania:

1st. Place the patient in a private hospital, where the indispensable surveillance of a physician can be exercised every moment.

2nd. Suppress more or less completely the use of morphia.

3rd. Relieve the action of the heart by timely injections of sparteine, to which morphia should be joined if the accidents become too menacing.

FEHLING TEST TABLETS.—These have been known to indicate the presence of sugar when none existed in the urine (*Druggist's Circular*). It is claimed that this error is brought about by the substitution by some manufacturers, of the alkaline carbonate of potash, which is said to be more effective in preserving the peculiar blue color of the tablets.

PRICKLY HEAT.—A writer in the *St. Louis Med. and Surg. Jour.* says a two per cent. solution of sulphate of copper applied to the skin and allowed to dry on will cure in a few days. It should be used night and morning.

IMPROVED COMPOUND LICORICE POWDER.—Dr. Oxley referring (*Lancet*) to the severe griping sometimes produced in young patients by the administration of the Pulv. Glyc. Co. of the B. P. suggests as an improvement the following formula: Senna and liquorice-root, of each 2 parts; anise fruit and sulphur, of each 1 part; sugar, 5½ parts; ginger, ¼ part. He says, "this altered preparation is quite as satisfactory in its laxative properties, is less liable to gripe and is as pleasant to take as the officinal powder," and suggests its trial in cases where the original produces unpleasant effects.

DIPHTHERIA HOSPITAL.—A movement is on foot to establish a Diphtheria Hospital in New York. The scheme has the approval of the profession in that city. A special ambulance is to be provided for the conveyance of the patients from their homes to the hospital.

THE PROFESSION IN GERMANY.—A warning has been issued at Berlin, (*Med. Press*), and sent by

the Medical Union to all directors of gymnasiums and classical schools, calling attention to the overcrowding of the medical profession in Germany. In 1885-6, the number of matriculants reached 7,781.

REMEDY FOR ITCHING PILES.—The *Chicago Med. Times* gives the following:

R.—Tinct. capsicum, 1 part.
Spts. turpentine, 2 parts.
Spts. camphor, 3 "
Decolorized iodine, 3 " —M.

RINGWORM.—Dr. Maddox says (*Med. Brief*), that one or two applications of the following will cure the above.

R.—Hyd. bichlor. gr. x.
Alcohol, 3j.
Ol. Sassafras, 3 j.—M.

SALICYLIC ACID AND IRON IN RHEUMATISM.—A correspondent kindly draws our attention to the fact, that the formula given in our last number, will not produce a clear mixture, and proposes the following:

R. Ac. salicyl., gr. xx.
Sod. phosph. (crystal), . . . gr. xl.
Fer. pyrophosphi, gr. v.
Aq. ad., 3 ss. M.

LOTION FOR STYE.—Mr. Abadil (*Med. Press*) gives the following:

R. Acidi boracic., 1 part.
Aque dest., 30 parts.
Solve.

S.—With a wetted piece of wadding, drop some of this solution on the styte several times a day. It is said not only to effect a cure, but to prevent a return of the annoyance.

The following is recommended in cystitis:

R. Acidi benzoici,
Sod. biborat., aa gr. x.
Infus. buchu, 3 ij. M.

S.—Three or four times a day.

SPRAY FOR NASAL CATARRH (Sajous):

R.—Sodii bicarb.
Sodii biborat. aa gr. iij.
Aq, 3 j.—M.

Sig.—Use as a spray.

FOR ERYSIPELAS.—Prof. Da Costa speaks highly (*Med. Rec.*) of pilocarpine in this affection. He advises $\frac{1}{8}$ to $\frac{1}{4}$ gr. of pilocarpine, or 20 minims of the fluid extract of pilocarpus as a dose. Local applications are not of much use.

A VERMIFUGE POWDER.—Dr. Reymond in *Jour. de Médecine*, gives the following:

R.—Calomel, gr. 2½.
Santonine, gr. 1½.
Sacch. lact. gr. xv—M.

S.—In the morning, in honey, on an empty stomach for a child of 4 years.

CANADIAN MEDICAL ASSOCIATION.—The next Annual Meeting of the Canadian Medical Association will be held at Hamilton, August 31 and September 1, 1887.

BRITISH MEDICAL ASSOCIATION.—The next Annual Meeting of this Association, under the presidency of Dr. Withers Moore, will be held at Dublin, on the 2nd, 3rd, 4th and 5th August, 1887.

It is said that small doses of ergot added to the mixture, will prevent the unpleasant ear symptoms caused by full doses of quinine or salicylate of sodium.

CHARCOAL is said (*Australasian Jour. Pharm.*) to be an antidote to strychnia poisoning. It should be given in water.

QUINSEY.—Dr. Easly says (*Lancet*) that 10 to 15 gr. doses of salicylate of sodium every two hours, invariably gives relief.

The *Med. Record* recommends the following for a crying, peevish, irritable infant:

R. Sodii bromid., gr. v.
Mist. assafœtidæ, 3 i M.

Sig.—3i p. r. n.

GREASES pots are best removed by a mixture of equal parts of strong ammonia, ether and alcohol. Place a piece of blotting paper under the grease spot, moisten a sponge first with water to render it "greedy," then wet with the mixture, and rub with it the spot.

"BAKED BEANS" is the title of a trochure laid on our table. Its theory is all right (says the *Am. Med. Jour.*) but we prefer Bergeon's method.

DR. JOSEPH BELL, of Edinburgh has been presented with a portrait of himself by a number of students and admirers. His connection with the acting staff of the Infirmary ceased some months ago.

DR. ASHURST recently appointed surgeon-in-chief to the Pennsylvania Hospital, is likely, says the *St. Joseph Med. Herald*, to cause trouble by attempting to abolish antisepsis in the wards of that hospital.

Mrs. Octavius Weld, of London, Ont., has passed the Soc. of Apothecaries of London, Eng., and received a licence to practise Medicine, Surgery and Midwifery.

We beg to call attention to the advertisement of Morel's apparatus for gaseous enemata, with its improvement by Reichardt & Co., of New York.

THE exhibit made by Martin, Toms & Co., of Toronto, of surgical appliances, etc., at the late Ontario Medical Association, was exceptionally good.

JAMES ALEXANDER GRANT, M.D., of Ottawa, has been made a companion of St. Michael and St. George.

DR. AUSTIN FLINT has been appointed visiting physician to Bellevue, in place of the late Austin Flint, sr.

It is said that Prof. Billroth is convalescent.

Books and Pamphlets.

STRICTURE OF THE URETHRA; its Diagnosis and Treatment, with original wood engravings, by E. Distin-Maddick, F. R. C. S., Ed., late Surgeon Royal Navy. London. Ballière, Tisdale & Cox. 1887.

The author has struck out a new line as to the cause and treatment of that *bête noir* to the surgeon, stricture. He believes that intractable stricture "with scarcely an exception" arises from one or more of the following causes. First, from a want of manipulatory practice in the use of instruments on the part of the surgeon. Secondly, from the improper and unnecessary use of instruments, and

by the employment of unpardonable violence when attempting to pass them through the stricture, by surgeons otherwise possessed of skill and prudence. Thirdly, from the grossest neglect on the patients part."

The work bears evidence of careful thought on the part of the writer, and if he sometimes goes too far in condemning the vast majority of these who treat stricture as no better than bunglers and in intimating that the majority of patients would be better without any treatment than that which they receive, his cautions will, we have no doubt, exert a good influence on those who are too ready to treat stricture with instruments. The work is well worthy of perusal.

REFRACTION OF THE EYE; its Diagnosis and the Correction of its Errors. By A. Stamford Morton, M.B., F.R.C.S. Ed., Surgeon to the Royal South London Hospital, etc. Philadelphia: P. Blakiston, Son & Co., 1886; pp. 67.

This will be found a useful little book for beginners, and, indeed to all those who habitually use the ophthalmoscope in practice. The definitions and explanations are clear and concise, and altogether the work is such as can be recommended to those requiring the greatest amount of information and help, at the cost of the least expenditure of time and labor.

EVACUANT MEDICINES. By Henry M. Field, M.D., Professor of Therapeutics, Dartmouth Medical College, etc., etc. Philadelphia: P. S. Blakiston, Son & Co., 1887; pp. 288 \$1.75.

This is a new departure in medical literature, it being, according to the author, the only treatise on the subject extant. Perhaps no agents in the whole range of therapeutics are more frequently called into requisition than are cathartics, so that a careful and practical study of the individual action, application, and contra-indications of the more important of them will be read with interest by everyone engaged in practice. The portion of the work devoted to emetics is well and scientifically written, so that we have no doubt the work will be found useful to any who desire to study the subjects of catharsis and emesis.

EARTH AS A TOPICAL APPLICATION IN SURGERY. By Addinell Hewson, M.D. Philadelphia: The Medical Register Co. 1887; pp. 309.

PRACTITIONER'S HANDBOOK OF DISEASES OF THE EAR AND NASO-PHARYNX. By H. Macnaughton Jones, M.D., M.Ch. London: J. & A. Churchill. 1887; pp. 176.

This work will be found to contain a clear and concise exposition of the important diseases of the ear. It is not an exhaustive treatise in aural surgery, but it contains clear and concise rules for practice, with hints as to treatment of the most common diseases of the ear, met with in every-day work, which will, we are sure, be very acceptable to the general practitioner. The work is profusely illustrated

ELEMENTARY MICROSCOPICAL TECHNOLOGY. A Manual for Students of Microscopy, in Three Parts. Part I. By Francis L. James, P.L.D., M.D. St. Louis: The St. Louis Medical and Surgical Journal Co.

This work will be of great use to students in microscopy. The author pre-supposes no acquaintance with the subject on the part of the learner, and each step of the work, each step and manipulation is explained in orderly sequence. Parts 2 and 3 will appear in due time.

ANÆMIA. By Fredrick P. Henry, M.D., Prof. of Clinical Medicine, in the Philadelphia *Polyclinic*, etc. Reprinted from the *Polyclinic*. Philadelphia: P. Blackiston, Son & Co. 1887. pp. 134. 75c.

A useful little book, dealing with the subject in a concise and lucid manner:

THE VEST POCKET ANATOMIST. By C. Henri Leonard, A.M., M.D., Professor of Diseases of Women, Detroit College of Medicine, etc. 13th revised edition, with plates. Detroit: The Illustrated Medical Journal Co.

TRANSACTIONS OF THE ASSOCIATION OF AMERICAN PHYSICIANS. First Session. Washington, June, 1886. Vol. 1.

WYTHES' POCKET DOSE BOOK. Philadelphia: P. Blackiston, Son & Co., 1887. 17th Edition.

A STEP IN THE REFORM OF ENGLISH SPELLING.—Professor Skeat, in a recent number of *Notes and Queries*, says:

"Those who know the whole history of our spelling from the eighth century to the present time, best understand the harm done by the pernicious system of trying to transplant Latin and Greek symbols into the English language. The

symbols α and α are not English, and are best avoided. Indeed, this is done in practice when once a word becomes common. *Ether* and *ætherial* have been sensibly replaced by *ether* and *etherial*. No one writes *æternal*. *Solæcism* is now *solecism*, and I trust *primeval* and *medieval* will soon prevail over *primæval* and *mediæval*. Pedantic spellings are most objectionable, because they are useless and unphonetic."

We heartily agree with Professor Skeat, and trust that *diarrhæa*, *leucorrhœa*, *dysmenorrhœa*, etc., will soon give place to *diarrhea*, *leucorrhea*, *dysmenorrhea*, etc.

The above is from the *British Medical Journal*. To be consistent, however, the *Journal* must also use *edema*, *fetus*, *Cesarean*, etc. The characters α and α are not English, and should not be tolerated in anglicised words—*Col. Med. Jour.*

AN ALLEGED INSTANCE OF REMARKABLE FECUNDITY.—A correspondent sends us an extract from a book giving the history of a journey to Saragossa, Barcelona, and Valencia, in the year 1585, by Philip II, of Spain. The book was written by Henrique Cock, who accompanied Philip as his private secretary. On page 248 the following statements are to be found: At the age of eleven years, Marparita Gonzalez, whose father was a Biscayan, and whose mother was French, was married to her first husband, who was forty years old. By him she had seventy-eight boys and seven girls. He died thirteen years after the marriage, and, after remaining a widow two years, the woman married again. By her second husband, Thomas Ochoa, she had sixty-six boys and seven girls. These children were all born in Valencia, between the fifteenth and thirty-fifth years of the mother's age, and at the time when the account was written she was thirty-five years old and pregnant again. Of the children, forty-seven by the first husband and fifty-two by the second were baptized; the other births were still or premature. There were thirty-three confinements in all.—*N. Y. Med. Jour.*

ERGOT has been found very useful in the diarrhœa of phthisis, as well as in the night sweats of that disease.

Births, Marriages and Deaths.

At Tilsonburg, on 3rd June, Dr. Bart. B. Pattullo, aged 28 years.

In New York, June 3rd, Dr. Geo. H. Shaver, of Islington, Ont.

At Prescott, on 1st June, Dr. George C. Hart, aged 33 years.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

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Original Communications.

THE RELATION OF THE ASEPTIC AND ANTISEPTIC METHOD TO THE TREATMENT OF THE LESIONS OF SYPHILIS.*

BY DR. GERSTER, NEW YORK.

I. *Aseptic Treatment of Primary Induration.*

The nature of the specific virus of syphilis is not known. In most cases its local and general manifestations are amenable to appropriate systemic and topical remedies.

It is not intended here to dwell upon the nature and treatment of syphilis as a general disease, only inasmuch as some of its more common local phenomena require surgical treatment will their consideration be deemed within the limits of this paper.

The anatomical structure of the primary induration, of tuberculous syphilides, and of gummy swellings, resembles closely that of recent tuberculous deposits; and their course of development and termination in central coagulation necrosis, fatty changes, or caseation, also bears much resemblance to the affections caused by the bacillus of tuberculosis.

As long as softened syphilitic foci remain subcutaneous and are not exposed to the influence of the air and its pus-generating germs, their course is bland and slow, and their tendency is to fatty degeneration, encapsulation, and final absorption. But as soon as a softening syphilitic deposit comes under the influence of the pyogenic elements contained in the atmospheric air, its slow and bland character is changed to a most destructive one. Thus syphilitic nodes of the internal organs,

being protected from contact with the outer air, rarely, if ever, terminate in ulcerative destruction; they generally tend to fatty involution, absorption, and cicatrization. Specific deposits of the outer skin, the mucous membranes—as, for example, of the nasal and oral ones, on the other hand, are all noted for their pronounced tendency to rapid ulceration or gangrenous destruction.

The explanation of this peculiar difference in the behavior of indurations or tumors essentially identical in morbid character, is to be found in the fact that the poor nutrition and low vitality of the cellular elements composing a primary or secondary syphilitic node, exposed to pyogenic infection by contact with the outer air, offers very favorable conditions for the rapid development and destructive multiplication of germs that are notoriously deleterious even to healthy tissues exposed to them. Pus-generating cocci deposited on the excoriated surface of a syphilitic focus, as, for instance, a primary induration of the prepuce, or a gummy swelling of the nasal bones, will, by their multiplication, lead to massive invasion and rapid ulcerative destruction of the densely infiltrated and poorly nourished node.

Syphilitic ulcers of every kind present a combination of syphilitic and of pyogenic infection.

If we succeed by appropriate systemic treatment in preventing the extension of the central softening of a syphilitic node to the surface, ulcerative changes will also thus be prevented. For example: The timely administration of large doses of iodide of potash may prevent necrosis of the nasal bones, which are the seat of a growing, gummy swelling. Their dense infiltration pertains to syphilis; their necrosis, however, is caused by the invasion of pyogenic germs. But we possess another means for preventing ulcerative destruction of syphilitic deposits located in the outer skin. They are more exposed to pyogenic infection, but they are also more accessible to local remedies.

The aseptic protection of the surface of the primary induration offers an easy remedy for preventing the formation of the primary ulcer or chancre.

True, that the prevention of the ulcerative destruction of a primary induration of the prepuce will not prevent the systemic development of syphilis; but it will, nevertheless, constitute a

* Read before the Ont. Med. Association, June, 1887.

valuable service rendered to the patient, who will be spared all the suffering, annoyance, and danger connected with the development of the primary ulcer.

If a patient, exhibiting a recent primary induration of the penis, presents himself for treatment before the appearance of the pustular excoriation, or before the epidermal film of the formed pustule is broken, and if the surgeon thoroughly cleanses and disinfects the affected parts, afterwards carefully enveloping the penis in an aseptic dry dressing, ulceration of the indurated node—that is, the development of a primary ulcer—can be effectually prevented.

The node will lose its epidermal covering, but the aseptic dressing will exclude pyogenic infection, and the course of development and involution of the syphilitic deposit will be as though it were subcutaneous. A small quantity of lymph will exude from the excoriated surface, will be imbibed by the aseptic dressing, and will exsiccate—thus forming a hermetic seal and protection to the diseased tissues.

Fatty disintegration of the infiltrated tissues will be followed by the formation of new epidermis, and when, after three or four weeks, the dressings come off, a cicatrized, though still somewhat indurated portion of skin will be exposed to view.

Specific rash, and other manifestations of systemic infection, will appear in due course of time; but the incalculable extension of the ulceration to adjoining non-infiltrated parts of the skin, and the formation of suppurative buboes and other complications will be obviated. The following case may serve as an illustration:—

Case H. B., aged 25, presented himself Jan. 2nd, 1887, with a hard, elevated node, the size of a nickel, occupying the dorsum penis, and another smaller induration near the frenulum. Suspicious cohabitation had been indulged in for some time until within a few days of the visit. Bilateral indolent inguinal lymphadenitis was noted, and the presence of specific infection was assumed. The patient was kept under daily observation, and was directed not to meddle with any blister that might appear on the indurated spots. Jan. 8th.—A yellow discoloration was observed occupying the apex of the larger node, and was looked upon as an indication that a pustule was forming. The entire penis was carefully cleansed with green

soap and warm water, and was disinfected with a 1:100 solution of corrosive sublimate, good care being taken not to break the transparent layer of epidermis covering the discolored spot. A thick layer of iodoform powder was sprinkled over both indurated nodes, and a small patch of iodoformized gauze was placed over them—this being held down by a narrow, oblong compress of corrosive sublimate gauze, snugly bandaged on with a muslin roller. The meatus was exposed for micturition, and the patient was directed not to interfere with the dressings, and to report daily. The first dressing remained undisturbed until Jan. 17th, when its external part, getting disarranged, was removed. The strip of iodoform gauze was found firmly attached to the underlying indurated nodes, and had the appearance of a hard, flat cake, that had been evidently soaked through by lymph or serum some time since its application. Evaporation of its aqueous contents had converted it to the shape just described. It was left *in situ*, and a fresh outer dressing was applied.

At the same date (Jan. 17th), the girl with whom the patient had held commerce, presented herself for examination, at the author's request, and was found to be covered with a small papulous specific rash. The appearance of her throat, the universal adenitis, and two freshly cicatrized spots on the labia minora, left no doubt of her being subject to florid syphilis. She remained under prolonged specific treatment, and in May, 1887, still exhibited pharyngeal ulcerations.

Jan. 25th.—The dressings applied to the patient's penis became again deranged, and had to be renewed. The immediate covering of the nodes, consisting of iodoform gauze, was still firmly adherent, and was left unchanged.

Feb. 12th.—A general malcous rash appeared on the patient's body, and systematic treatment by mercurial inunctions was commenced.

Feb. 20th.—The entire dressings came off the strip of iodoform gauze in the shape of a perfectly dry scab, to the inner side of which was found attached a patch of shiny scales, consisting of effete epidermis. The nodes, which were formerly prominent, had receded to the level of the surrounding skin, and the induration, which still could be felt, was marked by a coat of fresh-looking young epidermis. The patient received fifty inunctions of blue ointment, which freed

him from all cutaneous symptoms of the disease. In May, pharyngeal ulcerations appearing, the inunctions were resumed. The size and hardness of the initial sclerosis were visibly diminished by this time.

It seems in the foregoing case that the ulcerative destruction of the primary induration was forestalled by disinfection, and subsequent aseptic management. Without them the imminent formation of an initial sore would have inevitably occurred. The treatment of the fully developed chancre would certainly have been a much more disagreeable, painful and filthy experience than the simple manipulation of once cleansing and protecting the initial induration. The site of morbid process thus protected against "external irritation," that is, pyogenic infection, ran, as it were, a subcutaneous and bland course of slow involution, the aggregate of discharge during forty-three days not exceeding the small quantity required to permeate a strip of four layers of iodoformized gauze, covering an area of about two-thirds of a square inch.

II. *Antiseptic Treatment of the Primary Syphilitic Ulcer.*

The results obtained by the various time honored and well-established forms of local treatment of the primary syphilitic ulcer, all bear out the assumption that the specific alteration of the affected tissues only serve as a predisposing condition to the subsequent ulcerative destruction of the initial sclerosis. The ulceration is directly produced by the engrafting of purulent infection on a soil that has been devitalized by the dense cellular infiltration characteristic of initial sclerosis. The rapid destruction observed in chancre is always signalized by the detachment of the epidermis raised in the shape of a pustule, under which we find a yellowish, brittle necrobiotic nucleus, which is the first to succumb to the onslaught of the pyogenic organism, deposited on it by the manipulations of the patient or otherwise.

The various forms of local treatment successfully employed for the cure of chancre are all antiseptic in character.

Their aim is either the prompt removal of the infections discharged by prolonged baths and frequent moist dressings, or disinfection by weak or concentrated caustics, or a combination of mea-

sures directed towards a rapid removal of the deleterious secretions with chemical disinfection. As the most powerful and most effective arrester of the destructive course of phagædenic chancre, the actual cautery is to be mentioned the sovereign destroyer of all microbial parasites.

(a) Chemical sterilization and surface drainage by medicated, moist dressings.

The energy to be applied to the local treatment of an ulcerating initial sclerosis should be proportionate to the virulence and destructiveness of the morbid process. In most cases the resistance of the vital forces combating the morbid process would be sufficient to check the damage. This is attested by the numerous cases of neglected chancre that end ultimately in spontaneous cure. Hence, in most instances, a mild treatment by local antiseptic baths, combined with moist antiseptic dressings, will be found sufficient.

Frequent removal of the soiled dressings forms the most essential part of this plan of therapy. The patient is directed to provide himself with a wide-mouthed one-ounce vial, which is filled with suitably proportioned small square pieces of lint or gauze, over which is poured a moderate quantity of a one per cent. solution of carbolic acid, or a 1:5000 solution of corrosive sublimate. The cork-stoppered vial can be easily carried by the patient, who is enjoined to dress the sore or sores at least once every hour, and oftener, if the discharge be very profuse. In the morning and evening a prolonged local bath in the same solution is advisable. In many cases this plan will be sufficient to check the extension of the ulcer, and to bring about cleansing of its bottom.

Another mild form of antiseptic treatment consists of the application of iodoform powder to the ulcerating surface. The objectionable odor of the drug can be excellently masked by the admixture of equal parts of freshly roasted and ground coffee. As soon as the appearance of a cicatricial border is apparent, these modes of treatment should be abandoned in favor of the application of strips of mercurial plaster, which should be renewed in proportion to the amount of discharge. Cicatrization will be very much hastened by this change.

(b) Chemical sterilization by strong caustics.

Cases of greater virulence which do not yield

within a fortnight or so to the mild plan of treatment by scrupulous cleansing and disinfection, or in which rapid extension of the ulcer does not justify temporizing, require the application of escharotics. The author has found a 50 per cent. solution of chloride of zinc the most convenient and most effective of all chemicals recommended for the cauterization of chancre. Its application is to be done as follows:—The ulcer and its vicinity are subjected to a careful cleansing, by a mop of cotton dipped in a 1 : 1000 solution of corrosive sublimate. Crusts and scabs overlapping the edge of the sore must be gently removed. A small piece of clean blotting-paper is applied to the ulcer and its vicinity with gentle pressure to remove all moisture. A moderate quantity of the caustic solution is applied to the sore with a glass rod or matchstick, care being taken not to corrode unnecessarily the surrounding healthy skin. Previous thorough drying of the integument with blotting-paper will best prevent overflowing of the caustic. All the nooks and indentations of the margin of the ulcer must be carefully covered by the solution. As soon as the base of the sore assumes the color of parchment, which will occur in from three to five minutes, cauterization is completed, whereupon the surplus of caustic should be removed by the application of another piece of blotting-paper. The eschar is dusted with a little iodoform coffee powder, and is protected from injury by strip a of moist lint or gauze.

If the cauterization was sufficient, further extension of the ulcerative process will be arrested thereby. In from two to six days, according to the depth of the eschar, a narrow line of demarcation will appear, and the eschar being detached, a healthy granulating surface will become visible. This should be dressed with strips of mercurial plaster until cicatrization is completed.

Insufficient chemical cauterization will not check the ulcerative decay of the tissues. In proportion to the incompleteness of the application, partial or total extension of the ulcer will be observed. In some cases only a tongue of renewed ulceration will be seen extending outward from the margin of the eschar. In others, the ulceration will spread all around the cauterized patch, thus demonstrating the entire inadequacy of the application. The surgeon's error should be in favor of too much rather than too little of the caustic.

When the process is found to be extending more or less in spite of a previous cauterization, deficiency should be corrected without delay by a renewed application.

(c) *Sterilization by the actual cautery.*

Phagedænic forms of chancre, characterized by dusky swelling and a rapidly-spreading more or less gangrenous decay of the penile tissues, can be rarely arrested by anything short of the energetic application of the actual cautery. In some cases renewed searing will be required to check the trouble brought under control in one part of the ulcer, but extending further in another direction from a limited part of the lesion. It is especially important to search out all recesses overlapped by the undermined margin of integument, as they are the chief nidus of active infection. The thermo-cautery, or red-hot iron, should be well inserted in all of these recesses and sinuses, otherwise the result will be incomplete or entirely unsatisfactory. The wound should be packed with very narrow strips of iodoform gauze while the patient is still under the influence of the indispensable anæsthetic, and care should be taken to line all nooks and crevices of the irregular wound with the gauze. The object of this is to prevent retention, and to secure prompt disinfection of the discharges which needs must be absorbed by the dressings. The penis is enveloped in an ample compress, moistened with warm carbolic lotion (1 per cent.), over which is placed a piece of rubber tissue to prevent evaporation. Daily change of dressings is to be done after a hip-bath, which will very much facilitate their painless removal. The febrile disturbance regularly noted with these most virulent forms of specific ulcer, and the general debility and anæmia, which is its main predisposing cause, appropriate roborant and anti-febrile general treatment.

As soon as cicatrization shall have commenced, the affection is to be treated like a simple ulcer.

The foregoing view of the relation of suppuration to syphilitic lesions is based exclusively upon clinical data, and requires corroboration at the hands of pathologists more expert in systematic and exact research than the author. One object of these remarks was to arrange the clinical facts pertaining to syphilitic ulcerations under a general principle, from which the therapeutic measures usually employed for their cure could be easily and

logically deducted. Another object will be fulfilled if the foregoing thoughts of a clinical observer will induce further inquiry into the interesting and practically important field of mixed parasitic infection.

INJURIES RELATING TO THE ELBOW-JOINT.*

BY J. P. BROWN M.B., L.R.C.P., GALT, ONT.

Among the most common and at the same time most troublesome accidents to which young boys are liable, are those relating to the elbow-joint. While Erichsen, Wilson, Miller, and a number of other authorities in surgery say nothing in regard to the comparative frequency in the sexes of accidents in this region, Holmes tells us very pointedly that fractures and dislocations at the elbow are much more common among boys and young men than among persons of the opposite sex. My own experience is in strict accord with this dictum, for while I have had a goodly number of boys pass through my hands suffering from elbow accidents, yet I never saw a girl suffering from a similar injury. In speaking to my medical *confrères*, I find that their experience in this matter agrees pretty generally with my own. This almost total one-sidedness seems to be a peculiar circumstance, as our Canadian girls are almost as fond of out-door pastimes as our boys; witness as we may our ice-ponds, skating rinks, and toboggan slides in winter, and our croquet and tennis lawns in summer.

There is one field, however, supplying probably one-half the cases, which the boys have about entirely to themselves—the very extensive one of free rides on wagons and sleighs; and if our municipal councils and magistrates were sufficiently active in rooting out the evil, this class of injuries would materially weaken in regard to severity as well as frequency. During infancy and boyhood—fractures at the elbow or perhaps more correctly, separations at the epiphyses—are more common than dislocations; and while fractures often occur by themselves, dislocations rarely do. All authors dwell on the frequent difficulty in diagnosis, arising from several features incidental to injuries in this locality. In early

life the muscular and areolar tissues of the arm are soft and pliable, and so susceptible to rapid distention by serous effusion, that it is often, when the surgeon is summoned, impossible to tell the exact nature of the injury. How frequently, when he arrives several hours after the accident, there is so much tenderness and swelling, that although he can discover deformity and produce soft crepitus between the segments of the severed cartilage, yet fails to diagnose with absolute certainty, whether the head of the radius is *in situ* or not, whether the condyles have been separated from each other or the shaft, and whether the olecranon itself has entirely escaped injury or displacement. The surgeon is almost forced to treat cases of this nature on general principles.

The text-books tell us that when serious doubt presents itself, we should for a time abstain from active treatment, place the injured arm on a pillow, apply evaporating lotions, and when the swelling abates, reduce the parts to position and put on our splints.

It appears to me that there are one or two serious objections to this line of treatment. In the first place, the evaporating lotions do not reduce the swelling to any appreciable extent, for the very obvious pathological reason, that the displaced fragments, whether fractured or dislocated, are of themselves a source of constant irritation to the tissues, and must be until reduction is effected; and in the second place any physician, whose reputation is not thoroughly established, would be sure to lose what little he possessed by any such protracted waiting. Hence, if not productive of direct good, such procedure would scarcely be justifiable. I have often also doubted whether the orthodox active treatment as usually laid down by our works on surgery, is altogether to be relied on. For almost all the multitudinous injuries in the vicinity of the elbow, flexing the arm to the right angle, the application of splints, the arm being kept in a position midway between pronation and supination, and supported by a sling, appear to be the *sine qua non*. Erichsen makes some exception in the case of head of the radius being displaced forwards. He favours the straight splint, but leaves the question open; while all authorities enjoin the straight splint in fractures of the olecranon. These I believe are about the only exceptions to the general rule.

* Read before the Ontario Medical Association Toronto, June, 1887.

My own opinion is, that our text-books are too lax in dealing with cases of this nature. We have general principles instead of fixed data to work upon, the result being sometimes detrimental to the best interests of the sufferers.

During childhood, not only are the tissues soft and yielding, and the bone textures merely in a process of consolidation, but the little patient is restless, nervous, irritable, and not easily controlled. It is often a difficult matter to so bandage the arm in a flexed position, that the various segments constituting the joint may continue *in situ* as when the splints were first applied; as the swelling in the arm abates, the bandages slacken, thus favoring displacement; this untoward result much to the doctor's annoyance, being aided also by the irrepressible activity characteristic of the early years of life. This is bad enough when the latter is not absolutely certain in his diagnosis; but infinitely more so when he is certain, and when he knows that a proper reduction has been effected.

Of late years I have as a rule pursued a line of treatment, somewhat at variance with the orthodox methods, and in nearly all cases have used straight splints of pasteboard held in position by starch bandages as the first dressing. One of our chief difficulties in many of these cases is, first to find, and then to insure for the future, the position of the head of the radius. We are told that full extension will reduce a dislocated head. If that is the case, then continued extension will insure continued reduction; and a week in that position would in a great measure restore the orbicular ligament to its original attachment.

In separation of the epiphyses of the humerus, well padded anterior and posterior splints would give perfect immobility, a thing so essential in juvenile cases; while it would limit to a minimum the retractive force of the triceps. In dislocation of the ulna backwards, when there is any reason to suppose that the head of the radius may have been displaced, the straight position after reduction, if continued for a week or so, would effectually guard against all peradventures; and so with nearly all complicated cases. I think from my own personal experience, as well as from the anatomical construction of the joint itself, that there are few injuries at the elbow in juvenile life, in which, for the first dressing, the long well padded

splints are not preferable to angular ones. Hamilton recommends that passive motion in elbow injuries be commenced at the end of one or two weeks. If that be allowable, then the long splints could be safely removed after the like interval, and angular splints adjusted, if the nature of injury demanded it.

I was very much pleased to see, in the October issue of the *Canadian Practitioner* for 1886, that Dr. White, the esteemed Secretary of our Association, had advanced views very similar to my own, in an able address delivered before the Huron Medical Association. In that article, however, there was no citation of cases; and probably I cannot do better than conclude, by briefly relating my own experience in this matter for the past few years.

CASE I. On May 9th, 1881, D. B., a boy aged thirteen, fell off a branch of a tree, alighting on his elbow upon the stone-bed of Mill Creek, producing a compound fracture of the olecranon process. The wound was ragged, oblique, directly over the process, and nearly two inches long. The olecranon was severed and retracted slightly by the triceps muscle; the forearm flexed and the joint laid open, venous hemorrhage being quite profuse. The clothing being removed, I flexed the arm still more, and douched it freely with tepid water, thus checking the hemorrhage and cleansing it from foreign matter. The arm was then fully extended, parallel with the body, bringing the segments of bone almost in juxtaposition. A long, well padded splint was applied in front of arm, from shoulder to wrist, and the bandages so arranged as to draw down somewhat upon the upper fragment. The wound was dressed with carbolic oil, one to eight, on lint, oil-silk protective, light bandages, and patient put to bed. The olecranon was separated from the ulna about the eighth of an inch. Patient improved very nicely. There was slight rise of temperature. The wound filled with granulations, and by the tenth of June was entirely healed. There was bony union, but the olecranon process seemed slightly elongated. This was one month after the accident and marked the commencement of passive motion; this was gently but persistently carried out, and when, after another month's interval, I again examined the lad, the adhesions at the joint had become pretty firm; for although passive motion had been

practised daily, he could only bend the arm to an angle of 140 degrees.

On the 30th of July, nearly twelve weeks after the accident, Dr. Radford kindly administered chloroform, and we broke up the adhesions by forcible flexion, bringing the arm to a little less than a right angle. More could not be done with safety. Passive motion was of course continued; the result was that the boy has a very useful arm, flexing to a right angle—with full pronation and supination. Owing probably, however, to the elongation of the olecranon, he could never fully extend the arm after the forcible flexion under chloroform.

CASE II. On the 4th of June, 1885, Mrs. R.'s little boy, aged 21 months, fell off a table, injuring his right elbow. Owing to my absence from home, I did not see him until the 7th. By this time the joint was very much swollen; the child was feverish and crying with pain. It was very difficult to tell the exact nature of the injury; still, there was soft crepitus, and I thought the head of the radius was thrown forward. The limb was extended fully, with coaptation; well padded pasteboard splints applied, the full length of the arm, and retained in position by a starch bandage. The child was placed in his crib and arm extended on a pillow; all pain subsided. A week later I removed the splints; the swelling had gone, the radius was *in situ*, and bringing the arm to a right angle, a starch bandage was applied for another fortnight. The child trotted about quite contentedly and fully recovered.

CASE III. On August 10th, 1885, Mr. C.'s son, a stout little fellow, aged 5 years, fell some distance, upon his elbow. I saw him in less than half an hour; there was fracture at the epiphyses of the condyles. This was very distinctly marked; the whole elbow projected backwards, and being replaced by extension, slipped back again the minute the arm was released. The head of the radius was also thrown out to the front. There was a good deal of external bruising, but no laceration of the flesh. The boy had a full, soft, fleshy arm; and it seemed to me almost impossible to insure the retention of the head of the radius, together with the fractured humerus, by means of the angular splint. Coaptation, together with extension, reduced the head simultaneously with the severed condyles. Extension was kept up while the long pasteboard splints and starch bandage were applied—this, too, with moderate tightness, to prevent

the segments of the humerus from slipping upon each other. A few hours later, I loosened the bandages somewhat, by snipping the upper and lower ends for a short distance. There was no discoloration of the hand and very little pain; the splints were not removed for two weeks. When examined, the head of the radius was in position and the humerus had united at the epiphyses. There was a good deal of ecchymosis all round the joint, but no tenderness on pressure. The arm was bent to a right angle and an appropriate splint applied for another two weeks, resulting in perfect cure.

CASE IV. On January 18th, 1886, a medical friend sent for me in consultation. A Mr. G.'s son, aged 10 years, had fallen on the ice on New Year's day, injuring his elbow. There was a good deal of swelling about the joint when the doctor saw him, coupled with deformity and obscure crepitation. He diagnosed separation of the epiphyses and displaced radius forwards. He reduced the arm and put on the orthodox angular splint; the patient apparently did well. On examining him, however, in the office that morning, he found the head of the radius dislocated forwards. The forearm could not be extended fully, neither would it permit of being brought to a right angle. We administered chloroform and then put on full extension. The head of the radius was pressed, without much difficulty, into its natural place and one of us holding it in position, the other bent the forearm to an acute angle, thus effectually preventing the head of the radius from again slipping forward. The arm was bound in position, and kept there for a week or two, resulting in perfect recovery. It is by the kindness of the attending physician that I am permitted to report this case.

CASE V. On September 24th, 1886, the son of Mr. H., aged 9 years, fell from a grocery waggon, alighting on his elbow, and resulting in separation of the shaft of the humerus at the epiphyses; radius was *in situ*. Believing from past experience that the long splint was best and safest, I applied my ordinary pasteboard with starch bandage, thus securing immobility. After the first day or two, the boy was allowed to walk about, hanging his arm by his side. In two weeks I dressed it again, with angular splint, and in due course recovery was perfect.

CASE VI. On October 23rd, 1886, Mr. F.'s son, aged between 9 and 10, was thrown from a waggon with great force, falling with all his weight upon his extended left hand. I found the arm pronated and flexed, and shortened fully two inches; the forearm was dislocated directly backwards. The olecranon process could be felt beneath the skin—behind the humerus, while the projection of the condyles, forward, increased the anterior posterior diameter of the joint very materially. The inner condyle was movable, while the transverse diameter seemed to be considerably increased. Counter-extension was performed by an assistant. Reduction was produced by extension over the knee, but as the coronoid process was locked in the trochlea of the humerus, it took all the strength I had to accomplish it. The width of the joint, however, was not reduced; the internal condyle being movable and very prominent; there was evidently separation between it and the shaft; the radius, apparently, had not been displaced. As I still felt somewhat doubtful with regard to the full extent of injury, I again put on the long splint, padding the inner condyle, however, so as to counteract the brachialis anticus; this time, however, only for a week. On removing the bandages, the whole arm was in a state of ecchymosis, from the internal hæmorrhage produced by the injury. The olecranon and head of the radius were in position, and the inner condyle firm, but prominent as before. I adjusted an angular splint, which patient wore for several weeks, followed in turn by passive motion. The arm is strong, but somewhat limited in movement; pronation and supination are intact; the hand can be brought to the mouth, but cannot be extended or flexed to full extent—by two or three degrees; the projection of the inner condyle is sharper than usual, while the breadth of joint still continues. On the whole, however, he has a very good limb; his people are well satisfied with the result, and frequently compare his case with his cousin's, who, after a similar injury, had his arm completely ankylosed.

I cannot claim for this paper perfect accuracy as to my views; but such as they are, they arise as a result of experience; and if they serve as a modicum of food for thought, if not for discussion, I shall be more than satisfied.

THE RELATIONSHIP OF INSANITY TO MASTURBATION.*

BY STEPHEN LETT, M. D.,

Med. Sup't to the Homewood Retreat, Guelph, Ont.

In endeavoring to estimate, and arrive at conclusions, as to the relationship that exists between the unnatural gratification of the sexual appetite by masturbation, and the psychological effects consequent thereon, we are met at the threshold of the enquiry by a lack of reliable data upon which to base opinions or demonstrate facts. The very secret nature of the vice prevents us from knowing by whom and to what extent it is practised. If we turn to hospital and asylum statistics, unreliable as they are in other matters pertaining to the causes of insanity, they are absolutely worthless in this particular. The admission papers filled out by the family physician do not in a very large majority of cases throw any light upon the subject, and in the few instances where masturbation is set down as the cause of insanity, it is but a factor or a single link in the long chain of combined causes which led up to and finally culminated in an attack of pronounced mental alienation, whilst in many instances it is not a cause but the result of disease in the nerve centres, its proper significance in such cases being that of a symptom the same as insomnia, delusion, restlessness, or other phenomena which go to make up the clinical history. It is now a pretty generally accepted fact that there are very few, if any, single factors, other than of a traumatic or syphilitic nature, which are of themselves efficient causes for the production of insanity; and that, in order to form a true estimate of the forces which are at work in producing this ever increasing malady which is overflowing our asylums and filling our gaols, we must look at the subject from a general rather than a restricted point of view, and take into consideration the whole environment of the individual, making strict inquiry into his race, type, family history, bodily health, and his struggle for existence. But perhaps in not one of the ascribed causes of insanity is this general inquiry of more importance than in that of masturbation.

Some people will no doubt contend that masturbation, *per se*, is quite sufficient to produce insan-

*Read before the Ont. Med. Association, June, 1887.

ity, and many writers accurately describe a class of so-called "Masturbational Insanity": but if all those who masturbated to excess became insane, it would be beyond the powers of any government to provide asylum accommodation for this class alone. It is not, however, the strong and healthily constituted rustic lad, physically strong and mentally sound, who comes under its baneful influence to any very serious extent. His indulgences—and, I presume, the most of them do indulge—are not usually carried to any very great excess. He has an abundance of vital force and nerve power which can stand a moderate amount of depletion without any very serious damage to his general health or mental vigor. Not so, however, with the weak, nervous stripling, tenderly raised in the vitiated atmosphere of a large city, whose ancestral inheritance is, physiologically speaking, of a low type—the boy or girl who comes into the world with an unstable nervous organization, with an insane diathesis, as some have aptly described it, with his whole animal economy crippled, and who never had the proper controlling influence of his nerve centres adequately measured out to him. This is the individual who masturbates to excess, and in whom the indulgence produces the most disastrous results. He learns the vice early in life; the more he practises it the greater is the desire to continue it, and the habit is forced upon him without his being able to exercise the controlling power of a naturally weak will, he soon prostrates all his nervous energies, and being already predisposed to insanity, an attack of melancholia or acute mania is precipitated.

In such subjects masturbation may be set down as an exciting cause of insanity. They are the cases writers describe under the head of "Masturbational Insanity," and evince feelings of egotism, conceit, self-importance; they frequently have delusions in harmony with this line of conduct, and yet they are irritable, nervous, restless, and shun society, especially of the opposite sex. They frequently become religious, and are looked upon by their parents and friends as models of morality. This condition of ill-health gradually increases, unattended at first by any acute symptoms of sudden demonstration of an unbalanced mind; the patient soon begins to act strangely. This is noticed by friends and relatives, but cannot be accounted for; overt acts are committed, and finally

an attack of acute mania renders it necessary to remove him to an asylum, or profound melancholia with suicidal tendencies and self-accusations of having "committed the unpardonable sin" may take its place.

Whilst a certain number of such cases recover, a large proportion of them are incurable. The constant drain upon the system, irritation and exhaustion of the great nerve centres, produces structural changes of a permanent character, and the patient after a variable period, lapses into a condition of chronic insanity, frequently degenerating into dementia or mental oblivion.

In early life the child who thus pollutes himself retards and arrests the healthy development of his nervous system, and the practice in such an one tends to idiocy and imbecility rather than to insanity.

Although, in the sense in which I have pointed out, masturbation may be set down as an *exciting* cause of insanity, it would be a grave error to conclude that all insane persons who practise self-abuse have thus caused their mental estrangement. Should any of you pass through the wards of a large asylum for the insane, and in the morning carefully examine the beds and linen of the patients, you would find evidence of masturbation amongst many of the chronic as well as acute forms of insanity, and would be able to note amongst them all classes of mental alienation. In many of these cases the practice is but a symptom and not a cause of their illness. The intellectual part of our nature being disabled, the animal passions burst forth and self-indulgence in all its unrestrained gratification reigns supreme. This condition is often noticed in the early stages of the general paralytic. It is frequently seen in puerperal insanity, though here it may in part be due to local irritation. It is also noticed in that form of insanity coming on at the climacteric period, when it has been spoken of as "the final blaze of passion before its complete extinction or altered condition"; and perhaps the same remark would apply with some force to an old man of seventy-five summers, whom I once had under my care, and of whom, like DeQuincey and his opium, "to ask whether on any particular day he had or had not indulged, would be to ask whether his lungs had performed respiration or his heart fulfilled its function." Dr. Savage, in his admirable little work on Insanity, records a

case where self-abuse was habitually practised by a chronic lunatic at the advanced age of ninety.

Of late years so much has been accomplished in Italy, France, Germany and England, as well as on this side of the Atlantic, in a topographical survey of the brain and mapping out centres for the various functions of the body, it seems desirable to give a synopsis of what is known regarding a centre for the sexual function, irritation or disease of which would naturally produce modifications in the sexual appetite, and might be a cause or result of masturbation.

The theory of Gall and his followers, "that the instinct of propagation or sexual appetite has its seat in the cerebellum, and that this portion of the brain is exclusively devoted to that function," seems, in the light of our present knowledge derived from recent experimental and pathological research, to be entirely disproved. Ferrier failed to find any indications of excitement of the generative organs in monkeys or other animals, male or female, during irritation of the median or lateral lobes of the cerebellum. The foundation had been taken from Gall's theory by the experiment of Flourens on a cock, the half of whose cerebellum he had removed. The mutilated animal having been put several times with the hens, always tried to tread them but never could succeed on account of his inability to maintain his equilibrium; and it is further stated that, notwithstanding this traumatism, his testicles were enormous.

Clinical facts also go to refute Gall's theory. The case is recorded of a girl in whom the cerebellum was absent, nevertheless she suffered from nymphomania; and of another who suffered in a similar way when there was atrophy of the cerebellum. But the finishing stroke to Gall's hypothesis appears to be given by Luciani, who on the 2nd of May, 1882, removed the whole of the cerebellum of a bitch; she on the 2nd of September was in heat, and presented tumescence of the vulva, as well as a sanious discharge from the vagina, together with other signs of eroticism. A lover was obtained for her, and with much satisfaction, coitus was several times successfully accomplished. She became pregnant, and in due course brought forth four living puppies.

Having thus shown that the cerebellum is not the centre of the sexual function, as was formerly supposed, it is important to adduce such evidence

as can be obtained which will indicate its probable seat. Up to the present time the point does not appear to be settled, or its probable location established with any degree of certainty, but from data given, it would seem that the upper part of the spinal cord, the medulla and the pons, have something to do with the sexual function.

Ferrier states that "the instances in which disease of the cerebellum have coexisted with priapism, have been chiefly cases of apoplexy or hemorrhage into the middle lobe, a condition of things eminently calculated to cause irritation of the subjacent posterior surface of the medulla oblongata and pons. Whilst irritation directly applied to the median lobe of the cerebellum produced no vascular turgescence of the generative organs, it has been found by Segalas, that irritation of the posterior aspect of the medulla and pons produces this effect." Eckhardt and others have likewise shown that irritation of the pons and as high up as the crura cerebri, cause vascular turgescence of the generative organs and priapism. This effect, however, may be due to the relaxation of the local blood vessels in the sexual organs, which would be a natural sequence to certain injuries of these nerve centres.

It is held by some of the most able scientific men of the present day that the sexual desire is in close relationship with the emotions, and that the cerebral centres which contribute to the emotional state, are also, to a large extent, the centres for the sexual appetite. Thus Ferrier states, "that from certain facts of experiment, we have reason to conclude that the centres of sexual feeling are probably localizable in the regions connecting the occipital lobes with the lower and inner part of the 'temporo-sphenoidal lobe'; and he adds that, as the reproductive organs in women form such a preponderant element in their bodily constitution, they must correspondingly be more largely represented in the cerebral hemispheres, a fact which is in accordance with the greater emotional excitability in women and a relative larger development of the posterior lobes of brain."

It would also seem quite probable that the centre for the sexual appetite is in close proximity to the centre for smell. As in the lower animals sense of smell is one of the most powerful excitants of the sexual desire, the location of

out by Ferrier as the probable one, would also fulfil this condition. The localization of the sexual centre, however, is a subject which requires further proof from experimental and pathological investigation.

That masturbation is a most debasing, debilitating and depressing vice, which has a deleterious influence upon the physical, mental and moral nature, is beyond doubt. It is equally true that its baneful effects are, *ceteris paribus*, in direct ratio to the early age at which it is practised, the extent to which it is carried on, and the nervous instability of its unfortunate victim.

Masturbation occurs in both sexes, and under similar conditions is equally harmful to the mental vigor of either. It is practised by the youth not yet in his teens, indulged in by the adolescent, and not abandoned by the octogenarian.

Masturbation, with an adequate predisposition, is an exciting cause of insanity; it is, perhaps, more frequently a symptom of that disease, but when present it hampers treatment, retards recovery, and in many instances precludes the possibility of a cure.

Correspondence

To the Editor of the CANADA LANCET.

SIR,—In your article, in the July number, on "American Graduates in Canada," you state very fairly why reciprocity in medical degrees is not advisable, albeit the 'Council,' not the schools, is responsible. Still the influence of the schools in the Council shows itself clearly in one "vexatious requirement." A student from a confessedly better school in the United States, no matter how well up, is not permitted to present himself for examination until he has spent a term at a Canadian school, and paid about \$120 in fees.

As to British licentiates, reasons why they should be re-examined are evident. That many of our best men find a difficulty in passing some examinations in Britain is undeniable; yet it is well known that many of our worst go abroad to avoid the Council's examination, and I have yet to learn of one who failed to obtain a license in less than a year if he applied to the right place.

It is generally admitted that the Council's matriculation is too easy. It is known that two

and one-half years and a bogus certificate of having been an apprentice for a year fulfils the requirements of time, that men with the rudiments of an English education, during this time, get up both matriculation and professional work, that the standard of examination is altogether too low. If British licentiates may practise in Ontario, the Council is powerless to reform these abuses, so long as some British institutions accept from our schools certificates of matriculation, and indeed several primary and final subjects as well. If the Council says to students, "you must matriculate, spend four years in professional studies and know something about your work," they may defy it, as they have done time and again, go to Britain and with only a nominal matriculation, in less than three years from the commencement of their medical studies practise in Ontario with a foreign licence. Surely no school in the United States passes students more easily or more quickly than this! Are not British examiners rather lenient with colonists?

C.

July 2nd, 1887.

MEDICAL SCHOOL CHANGE—OUR MEDICAL COUNCIL.

To the Editor of the CANADA LANCET.

SIR,—You, and your many readers have, long ere this, read of the change which one of our medical schools has seen fit to make. After a career, somewhat long for a country so young as Canada, the "Toronto School of Medicine" has ceased to exist as such, and, with the School of Practical Science, has become the "Medical Department of the University of Toronto." Men, nay, even boys, have the right to make somersaults when they see fit, and why should the same privilege be denied to medical schools?

The change referred to has been paraded in the daily papers, as though a "new" body had been formed. The name is new, it is true, and the relations are changed somewhat, but after all, with hardly an exception, the long published list of teachers, of one kind and another (there are only twenty-nine, as yet!!!), consists of the Faculty of the late "Toronto School" and that of the "School of Practical Science."

The friends of this "new departure," especially those who have made it, are at perfect liberty to

think very highly of the change of front they have found it necessary to make. In this, no one should seek to interfere with them. But, if as judicious as they should be, they will boast with great caution with regard to the future. As separate bodies, their respective records are before the public; and, while respectable, they have been by no means extraordinary. Great care should be shown, too, by these parties, in avoiding disparaging criticism of other Ontario medical schools, whose success, during many years, has been so great as to challenge attention everywhere, and to gain for them a most enviable reputation for thoroughness in the training given to their students. These schools are, owing to the high position they have attained, after many years of laborious and self-denying work, unwilling to undergo any transformation, and it is greatly to their credit to be able to say truthfully, that *no change could increase public confidence in them.*

While, however, modifications may occur in medical schools, from unforeseen causes, at any time, it is fortunate for the profession, and greatly to the advantage of the public, that we have a Medical Council Central Board, before which every candidate for licence, no matter where he has studied or graduated, must present himself. Ontario has good reason to congratulate herself on being, in this respect, far in advance of most countries, in having this one central supreme board—entirely independent of any school, or college, or university, at home or abroad. The effect of this central board's examinations in stimulating *all* our students, in *all* our schools, to work hard far harder than they otherwise would do, cannot be overestimated. It would be an evil day for the profession, as well as the public, were the Medical Council, or its carefully appointed Medical Board, to allow any tampering or intermeddling on the part of any medical school, or other teaching medical faculty. Before the Medical Council's Board all medical schools stand on precisely the same level, and all must accept, and heretofore have willingly accepted, the excellent curriculum the Council lays down.

Any attempt, as one of our daily papers (doubtless inspired by interested parties) foreshadows, to dictate a curriculum to the Council—from whatever quarter such may come, would be very audacious, and would be stoutly resisted by the

entire medical profession. To swerve by one hair's breadth from its present judicial position, with respect to all our schools, would be destruction to our respected Medical Council, while to maintain that position of perfect independence and impartiality, means its rising higher than ever in the respect of the profession, and of the people at large. Every true friend of medical education in Ontario to-day, will rally to the support of our Medical Council, should its complete independence be, in any way, assailed; for, being independent of all schools and colleges, it is the body to which the public specially looks, and may look with confidence, to have their best interests carefully and continuously protected.

OBSERVER.

Aug. 1, 1887.

Selected Articles.

THE FINANCIAL VALUE OF SANITARY SCIENCE.

The "Financial Value of Sanitary Science" formed the text for an able address given by that veteran worker in sanitary science, Mr. Edwin Chadwick, at the annual meeting of the Association of Public Sanitary Inspectors last week, and no man probably ever had more qualifications for the task, or could speak from such experience and with greater authority than this esteemed President of the Association of Public Inspectors. As complementary to the recent Parliamentary Budget, he submitted by way of example for the "health of nations" the financial value of properly qualified sanitary science. First referring to the amounts of money charged upon the community, arising from the excessive sickness and mortality which had been proved to be preventable by sound sanitation, he said some approach might be made to estimate the amount of those charges from the ascertained incomes of the life-insurance companies, which perhaps did not comprise more than two-thirds of the population. There were some ninety-three of these companies, comprising almost exclusively middle-class persons, of which companies the annual income was stated to be £23,000,000. There were also the great friendly societies of all sorts, whose aggregate insurance charges, as stated upon the authority of Sir James Paget, were £25,000,000 annually; the two yielded a total of £48,000,000 annually, three times the amount of the poor rates. And if they could ascertain the full number of the uninsured, he expected that the whole would double the total Budget for both the army and the navy, which was stated to be £32,000,000. Thus they

had an annual invasion of an enemy, in the form of preventable disease, which every year fought and won a battle against the community, and every year slew in the United Kingdom upwards of 100,000 of the people beyond the present reduced death-rate, all of whom they knew and had proved might have been saved by more efficient sanitation, and at a saving of double the annual cost of the naval and military defences. Of the the loss for the killed and wounded—that was to say, for 100,000 deaths of the wage-classes—for every death of an adult there were found to be twenty cases of painful sickness and of disablement and loss of work. The total estimated pecuniary loss for the killed and wounded in civil life might be estimated as exceeding by two-thirds the estimates voted by Parliament for the governmental expenditure of the empire. Even in this metropolis, said Mr. Chadwick, the lowest death-rate place of any capital of the chief States of Europe, or of New York or of any other great city in the United States, we have shown by what had been done by partial application of sanitary defences, there were upwards of 20,000 killed and wounded annually which efficient sanitary defences might have saved. All this excessive loss of life as well as of money, when examined, would be found to be due to wastefulness in legislation and administration. The only effective preventive would be found to be in the superior economy of tested and corrected sanitary science. In the metropolis the executive functions were generally carried out under inadequate instructions as to the qualifications required and without securities that those instructions were duly applied for the protection of the public. In their ill-informed or uninformed condition these local bodies, the vestries, were generally positively unaware of the need of the undivided attention required for sanitary service, and they gave such low salaries as often to leave the chief local health-officers under the necessity of making up their income by private practice—that was to say, curative practice—the difference between curative practice and preventive practice in the new science of sanitation not being perceived by them. A revision and consolidation of preventive functions, now scattered over different and weak departments, and systematised under one department and under unity, with an executive board under the supervision of a Minister of Health, would be found on examination to be necessary for the pecuniary relief of the population from the greatest and most grievous of its burdens, as well as for the advancement of its health and strength and the happiness of its existence. It was due to state that with all the shortcomings of defective local administration, the advances made in sanitary improvements during the reign of Her Majesty had been greater than in any country in any of the great States.

In France they had only got a centralisation against the people chiefly for military levies, and they were now only making slow progress with centralisation for the people in their places of work, for the protection of the people in their habitations, for their protection against tyranny in the productive freedom of service. In France the death-rate was 3 in the 1,000 more than in England, which meant that there was a preventable slaughter there of 112,000 lives more than there was now in England. In Germany the mortality of the army was the lowest in Europe, and there was much to say in the way of example of the economics wrought by it; but under the municipal government the death-rate of the civil population in Germany was very high; it was 6 in the 1,000 higher than in England, which meant a sacrifice of 135,000 more than were now annually sacrificed in this country. In Italy the death-rate was 8 in the 1,000 higher, which implied a sacrifice of 224,000 lives to the wastefulness of ignorance there. In Austria the devastation was still greater even than that; it was no less than 11 in the 1,000 above our death-rate, which occasioned a loss in that empire of upwards of 400,000 more than the present rate in England and Wales. But the death-rate of the army in Russia was three times greater than of the army in Germany; and the death-rate of the civil population, as described by the Registrar-General of France, was still more terrible. To an international arbitration a decisive case could be made out against the extension of such bad government over any population. These were examples of the wastefulness of ignorance and sloth against the economies of well-applied sanitary science. In the United Kingdom the mean duration of life had been advanced, during the reign of Her Majesty, from thirty to thirty-eight years, leaving a further equivalent advance dependent on the advance of a more economical sanitary organization of paid service.

In concluding his able address, Mr. Chadwick asked his hearers to accept it as true from one who had seen eighty-six summers that theirs was as good a work as the sun ever shone upon; and that, long before another eighty-six summers should have passed away, it would be recognized as work which deserved the fullest recognition and the most liberal reward, if it were carried out—as he was sure it would be—in the spirit as in the letter, faithfully, vigorously, hopefully manfully.—*Br. Med. Jour.*

BORACIC ACID IN THE TREATMENT OF LEUCORRHEA.

For months past I have made frequent use of boracic acid in the treatment of leucorrhœa in a manner hitherto unmentioned, at least so far as has come under my notice, and with surprising

success: in every case where I applied it prompt and permanent improvement resulted.

Having had some excellent results from the boracic acid packing in chronic suppurative otitis, I determined to resort to its use in a similar way in a case of leucorrhœa which had for several months resisted a most persevering use of the regular orthodox remedies, *i.e.*, nitrate of silver, tincture of iodine, fluid hydrastis and bismuth, hot water irrigations, etc. The experiment was eminently successful, and the patient returned home within a fortnight, well and happy, and has so remained ever since, many months, during which time I have had occasion to resort to the remedy frequently and with uniformly good results.

My manner of using it is as follows: Having first irrigated the vagina with water at as high a temperature as can well be borne by patient, a cylindrical speculum is introduced and the vaginal walls very carefully dried, first with a soft sponge and then with absorbent cotton. This done, boracic acid in crystals is poured into the mouth of the speculum and pushed up against the uterus and vault of the vagina with a clean cork caught in a uterine sponge carrier, sufficient acid being used to surround and bury the intravaginal portion of cervix, filling the upper part of vagina. A tampon of absorbent cotton is then firmly pressed against the packing and held *in situ* until the folds of the vaginal walls close over it as the speculum is withdrawn.

This should be allowed to remain three or four days or even longer, as after this time there still remain some undissolved particles of the acid, nor will the tampon seem at all offensive. The ostium vaginæ, if examined in twenty-four hours, instead of being besmeared with the leucorrhœal secretion or discharge, presents a clean appearance, and bathed in a watery fluid which begins to appear several hours after the packing has been placed, and in my cases this was the only discharge noticed afterward.

However, a second or even a third repetition may be necessary, but in none of my cases, numbering nearly a score, have I found more than a second packing called for, and in many one sufficed; and in no instance has its use occasioned pain, not even inconvenience. I do not claim for this agent and method infallibility, nor should constitutional dyscrasias be ignored and this local treatment be depended on unaided to effect a cure, but here, as in the treatment of leucorrhœa by other remedies, a proper association of all means having a curative influence upon the disease constitutes the rational therapeutics. My individual experience with this remedy in the treatment of leucorrhœa, though limited to too few cases to establish its universal efficacy, if such a wide range of power can be claimed for any medicine at any time, none the less proves it as one of the agents

which, when properly employed, promises much in the treatment of the annoying and sometimes intractable conditions constituting the pathology of leucorrhœa, particularly when the change is in the vaginal glands or mucous membrane or from intra-cervical inflammation. Nor will harm likely result from its use, though it fail in maintaining the place my experience would give it.—SCHWARTZ, in *St. Louis Cour. of Med.*

TREATMENT OF ERYSIPELAS.

The treatment of erysipelas is most varied, nearly every practitioner who sees much of this affection having formulated a certain line of action for himself. This arises to some extent, I think, from the fact that simple erysipelas has a tendency to subside spontaneously in about 5 or 6 days, and often the treatment adopted obtains the credit while nature does the work. I am of opinion that the treatment must depend upon the type of the disease. In all the cases I have seen, the treatment demanded was a stimulating one. I refer to simple general erysipelas. But in localized erysipelas affecting the throat, ear, and pharynx, acornite in small doses, frequently repeated as recommended by Ringer, has been productive of the happiest effects when administered at the beginning of the attack. I will take as a typical example of simple cutaneous erysipelas that form which we so commonly see, commencing over the root of the nose, and spreading over the face and forehead. In such cases, I immediately begin the administration of 20 to 30 minims of tinct. ferri mur. (diluted of course with water) every two hours; and as a protective and palliative, I use: R. gutta percha, 3 ii; chlorof. meth., 3 ii, solve; zinc. oleati, 3 ii; iodoformi, 3 ss. M. Sig.—To be painted over the part affected. The advantage of this preparation over the powdered starch, zinc, or flour, is its comeliness. Of course, previously to applying this preparation, I have the parts carefully washed with tepid water, and often when there is much pain I use the decoction of poppy heads as a fomentation. This treatment usually effects an amelioration of the symptoms, and the disease subsides. But in some cases the course the disease does not stop here, it runs riot all over the head and neck, and the medicinal treatment then pursued is ammonia, bark, iron, and quinine, with perhaps a grain of solid opium to obtain rest. I am happy to state that I have never lost a case of erysipelas, although the duration and severity of the complaint have varied much. The rationale of the local application above mentioned must be purely protective and palliative, by excluding the irritating effects of the cold air, and not by excluding specific germs.

The latest researches prove that the schizo-

mycetes or streptococcus erysipelatosus is anærobic, or flourishes where air is excluded, living in and upon the tissues affected. I may note the many methods of treatment recommended, such as compression, or ligatures applied above the seat of the affection, advocated by Velpeau; the application of a solution of nitrate of silver in the form of a ring around the redness (Higginbotham's method); the application of tincture of iodine, white paint, solutions of tannin, silicate of soda, used by Alvarenga, of Lisbon; the subcutaneous injection of carbolic acid or salicylic acid directly into the part, and the internal administration of quinine in large doses, as salicylate of ammonium, suggested by Dr. Barclay, of St. George's Hospital. These may all be good, but so satisfactory have been the results by the iron and the antiseptic anodyne externally applied, that I have had no reason to depart from that treatment. I earnestly look after the hygienic surroundings of the patient, and give eggs, milk, beef tea, and other stimulating and light diet. The disease may, however, pass into a stage when surgical treatment must be adopted. If simple bullæ or vesicles form, I relieve the tension by evacuating them, and dress the surface with tartrate of potash and iron lotion in the strength of 10 grains to the ounce of water. When sloughing and suppuration take place, I make free incisions; the pus and sloughs thus obtain a free exit; the separation of the mortified parts may be accelerated by the scissors. I then apply an antiseptic solution by means of the syringe or douche, dry the parts thoroughly, and dress with sublimated wood wool. The best antiseptic lotion is corrosive sublimate, one grain in five ounces of water, or nearly in the proportion of 1 to 2,000. Koch's solution, as it is now called, is the same as the old "M'Kenzie's" collyrium.

An important point which should not be overlooked in the treatment of erysipelas as well as in so many other affections, is the effectual clearance of the *primæ viæ* by a good purge, administered at the commencement of an attack. If erysipelas assume a typhoid form, alcoholic stimulants are strongly indicated. Infantile erysipelas I treat on the general lines laid down, although the tincture of iron is not so admissible, owing to its griping tendency; acetate of iron is less irritating. When erysipelas commences in the throat, inhalation, or the steam atomizer, with some antiseptic, should be used. I watch carefully for œdema glottidis. If it does occur, tracheotomy is the only resource.—Robert Pollok, in *Glasgow Med. Jour.*

THE following were the fees as laid down by the New York County Medical Society of 1816:—Verbal advice, \$5 and upward; letter of advice, \$10 to \$15; ordinary visit, \$2; night visit, \$7; Midnight, \$25 to \$30.

MEDICAL NOTES.

The remedy for *weak heart* is amyl nitrite.

Prof. Bartholow states that he believes nicotine, if rightly used, will prove to be our best remedy for *hydrophobia*.

Prof. Parvin, for all plastic operations on the *female genitals*, uses silver wire in preference to either silk-worm or cat-gut.

Dysmenorrhœa and sterility are not half as well explained by antelexion as by an existing endometritis or metritis.—Parvin.

Prof. Bartholow insists that in *subacute rheumatism*, no remedy is comparable to Tinct. ferri chloridi, especially if in an anæmic subject.

From an antagonistic standpoint, of all remedies proposed for remedial treatment of *tetanus*, none are comparable to nicotine or the preparations of tobacco.

A mixture of collodion, 15 parts, corrosive sub. 1 part, if applied to small, superficial *birth-marks* is stated by Professor Gross to act very nicely and effectively.

Antelexion with mobility, in a virgin, is a physiological condition, and can only be called flexion when the uterus becomes immobile and bound down by adhesions.—Prof. Parvin.

For the *irritative fever of consumption*, Prof. Da Costa strongly advises the use of small doses of aconite. He claims it is a remedy of much value, and but little known to the profession in general.

Prof. Gross advises that a radical cure for a large *hydrocele* should not be undertaken at once. Evacuate its contents, and, when it has again attained a small size, again evacuate and resort to one of the radical means of cure.

Dr. Hunt, at the Pennsylvania Hospital, stated that he considered the treatment of *internal hemorrhoids* by carbolic acid a good procedure. He uses about four drops each of pure carbolic acid and glycerine, and injects one tumor at a time.

Prof. Gross states that he believes subiodide of bismuth is destined to replace, to a great extent, iodoform in the *antiseptic treatment of wounds*. It is being extensively used at the hospitals, and, as yet, with none but most gratifying results.

Prof. Parvin states that the best treatment for *chronic mastitis*, if the patient object to the radical operation, is firm compression by means of pressed sponge and a bandage, which is occasionally to be slowly saturated with carbolized water.

For the hygienic treatment of *epilepsy* Prof. Da Costa sums up as follows:—

Keep the head cool, the bowels open, and the

temper cheerful. It is probably better to allow no animal food at all; the best diet is one exclusively of milk and vegetables. Be most particular about the diet. Change the surroundings and scene if possible, and lead an open-air life.

A case of *sciatica*, following exposure and of nine weeks' duration, was treated by Prof. Da Costa in the following manner: Apply a strip of blistering plaster in the course of the nerve, and administer—

R. Tinct. colchici seminis, . . . gtt. xv.
Potassii iodidi, gr. x.
Tinct. zingiberis, gtt. x.
Syrup,
Aqua, aa q. s. ad f 3 ij. M.

Sig.—Take with water three times a day between meals.—*Col. and Clin. Rec.*

A NEW EYE SPECULUM.

The ordinary speculums are perfectly efficient in exposing the eyeball, but as they all have some part which enters within the margin of the eyelids, their use is necessarily attended with discomfort to the patient, which in slight operations, such as removal of foreign bodies from the cornea, or puncture of the cornea, is often more than the pain of the operation itself. For such cases the author has used the speculum shown in Fig. 1 for several years, and now brings it under the notice of the profession. It consists of a piece of stout wire bent into an oval ring at one end and a handle at the other, as shown full size in the figure. Fig. 2 shows on a reduced scale the mode

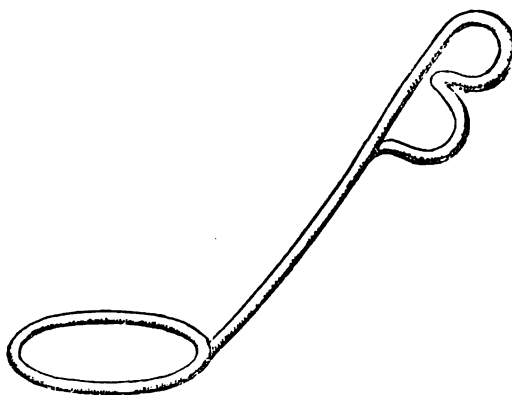


FIG. 1.

of application for removing a foreign body, the operator standing behind the patient's head. The ring is applied outside the lids and near their edges. The lids are then, if necessary, pulled more open by the fingers of the other hand. The pressure of the speculum gives it such a good hold on the skin that even the most intense spasm of the

sphincter is powerless to close the eye. The pressure to a great extent fixes the eyeball, and also renders the cornea tense, which is a great advantage, especially in puncturing the cornea. In re-

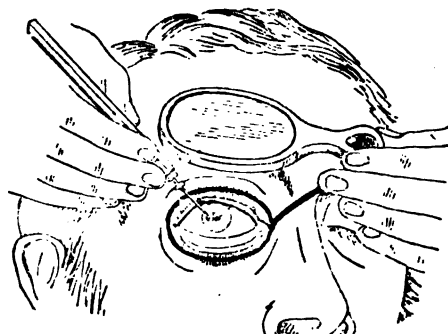


FIG. 2.

moving a foreign body it is usual and perfectly easy to hold a magnifier in the same hand as the speculum, but this may be dispensed with if preferred.—*Lancet.*

SUBJECTIVE SYMPTOMS AND OBJECTIVE CONDITIONS IN DYSPEPSIA.—JAWORSKI published in the *Wiener Med. Wochenschrift*, last December, a very valuable paper showing the results of a long and careful investigation of this subject which he has carried on. The conclusions which he reached are as follows:

1. Good nutrition speaks in favor of the localization of the disease in the stomach, and excludes implication of the small intestines.
2. In great anemia, and even cachexia, with idiopathic disease of the stomach, hyperacidity of the stomach is very probable. Seventy-five cases of anemia were found in 188 dyspeptics, and sixty of these had great hypersecretion. Hypersecretion is generally accompanied by anemia, and in some cases of very grave anemia the digestive power of the juice was remarkably great.
3. Vomiting occurs usually in persons having no deficiency of HCl.
4. With great tenderness of the epigastrium deficiency of acid is not probable.
5. Preponderance of nervous symptoms is usually accompanied with increased digestive mechanism. Of 188 cases, in 99 there was a preponderance of nervous symptoms over those referred to the stomach, in 62 of these there was hyperacidity or hypersecretion, 23 a normal secretion, 8 deficiency of acid, and in 6 total failure of secretion. In 9 cases remains of food in the stomach after the normal period called forth severe nervous symptoms. The consideration of nervous symptoms, to the neglect of the internal examination of the stomach, is very likely to mislead.
6. An excessive feeling of thirst almost always points to great hypersecretion, which is usually combined with

mechanical insufficiency or ectasia. 7. Sour eructations point to an acid condition of the stomach. 8. In excessive eaters who seem to have a false appetite, hyperacidity and hypersecretion with mechanical insufficiency, or moderate dilatation, is met with. The state of the appetite gives no guide to the state of the secretion or mechanism of the stomach, for of 38 persons in whom there was an absence of appetite, 16 had an excessive and continuous HCl secretion. 9. Cramp of the stomach is generally accompanied by great hyperacidity. 10. The feeling of aching in the stomach points to an extensive irritation of the stomach by hyperacid secretion, and the presence of numerous cell nuclei. 11. In slight degrees of dyspepsia a high degree of acid hypersecretion is not probable.—*Med. Chron.*

HEREDITY OF CANCER OF THE BREAST.—In the report of the Committee on Collective Investigation of Disease, presented at the last meeting of the British Medical Association by Henry T. Butlin, one of the questions discussed was that of heredity. After a careful study of the data accumulated, Mr. Buntlin concludes as follows: "I confess that when I first proposed the subject of the inheritance of cancer, for collective investigation, it was with a very small belief in the reality of inheritance, and with a strong belief that the inquiry would result in such a failure of evidence as to diminish largely the impression which prevails that cancer is due in part to the influence of inheritance. I am forced to own that the mass of evidence which has been accumulated by the inquiry has led me to take a different view. The number of instances in which there is a history of cancer in the direct line of descent, the manner of the relationship in those families in which more than one of the patient's relatives were the victims of cancer, and the very strong probability that the case is throughout under rather than overestimated, are, to my mind, proofs which cannot be resisted. Compare this evidence of the influence of inheritance with that on which some of the undoubted causes, whether exciting or predisposing, rest, and the balance is largely in favor of inheritance. What is more certain than the predisposition of the breast and uterus to cancer, yet probably not more than one in fifty (2 per cent.) of the adult women who die, dies of cancer in the breast or uterus. Injury is admitted on all hands to be the cause of cancer, yet Gross finds that only about 11.70 per cent. of the large number of patients in his collection attributed the occurrence of the disease to injury. Our returns show that there was a history of cancer in the direct line of descent in 20.60 per cent. of the cases; and, if only the fathers and mothers of the cancerous patients are considered, that there was even then a percentage of no less than 16.84.—*Br Med. Jour.*

THALLIN IN TYPHOID FEVER.—The introduction of such drugs as "kairin," "antipyrin," and "antifebrin" has somewhat diverted attention from a very powerful antipyretic agent—viz., thallin. Professor Ehrlich lately presented to the Clinical Society of Berlin the results of some researches he has been making with this last named agent, especially in the treatment of typhoid fever (*Munch. Med. Woch.*). From experiment, he found that after administering the drug to animals it was not retained in the nerve centres, but mostly in the fatty tissue of the body. He also found that there was a marked difference in toxic action, according as to whether it was administered by the mouth or subcutaneously, the greater inertness of its effect in the former case being attributable to the hindrance to absorption from the presence of intestinal contents. The lesions induced by a toxic dose comprise fatty degeneration of the kidneys, necrosis of the salivary glands and pancreas, and hemorrhagic infarcts in the pyramids. The chief action of thallin is antipyretic, but it is capable also of moderating inflammation. As regards typhoid fever, it was administered by Ehrlich in two different ways. The first plan consisted in commencing with doses of 0.06 gram. every hour, and reducing the dose to the minimum required to give any effect. The other plan was to commence with a minimum dose, and increase it until an effect was produced, and then to continue the prescription at the dose thus attained. The action of thallin is especially noticeable in its effect on the sensorium and general condition of the patient, who presents the appearance of convalescence, whilst the splenic swelling and roseola are still present, and if the drug be discontinued the temperature will rise again. It is not therefore surprising to learn that whereas the twenty-eight cases treated by bathing, the average stay in the hospital was thirty-seven days, of seven cases treated by thallin (minimum doses) the duration of treatment was forty-seven days and cases on a scale of progressive doses thirty-eight days. However, Professor Ehrlich claims advantages for the drug in the absolute control it exerts over pyrexia, and the sense of well being enjoyed by the patient. There were no intestinal hemorrhages in these cases, and no instance of perforation. The kidneys were not affected, but sequelæ in the form of hyperæmia and oedematous swellings seem due to the use of the drug. It was not thought that thallin had any specific action against the typhoid bacillus, but it did seem to limit the degree of intestinal ulceration. Prof. Ehrlich considers it to be on a level with the bath treatment. Dr. Frankel pointed out that if the statement was correct that thallin is not found in the nerve centres, its action in reducing temperature was rather inexplicable. He had exhibited it in increasing doses, but could not

say that the patients experienced any special benefit attributable to the diminished fever. Dr. Guttmann was not favorably impressed by its use, and had noted the production of rigors.—*Lancet*.

SOME POINTS IN THE PATHOLOGY AND TREATMENT OF FEVER.—At a meeting of the Manchester Medical Society, Dr. James Niven read a paper on the above subject. The points considered were formulated in four propositions:

1. Self-protective fevers tend to become milder the longer they are settled in a community. The protection conferred was regarded as an adjustment of the tissues, which would be handed down from generation to generation in the case of any disease which was spread over the greater part of a community. In co-operation with this adjustment is the elimination by death of people especially liable to the disease. In opposition to it is the tendency of children to take disease in the same manner as the parent. As illustrations were considered typhoid fever, measles, small-pox, yellow fever, and syphilis.

2. The second proposition was that the phenomena of fever are probably due in the main to chemical poisons. It was attempted to be shown that chemical matters secreted by the fungi or dead fungi, were sufficient to account for the phenomena of fevers, while in some disease it was taken as proved that only chemical poisons were admitted into the circulation.

3. The third proposition was that the nervous system is the liberator and controller of heat and fever. It was contended that a large amount of heat was due to metabolism of muscles, but the experiments of Pflüger and Samuel had shown that muscle, under normal circumstances, underwent this metabolism as the effect of nervous impulses. While admitting the vaso motor system and heat inhibitory centres as probable causes of some pyrexial conditions, it was suggested that excitation of the anterior cornual cells in the spinal cord, and of their congeners in the medulla and brain, would better explain the pyrexial conditions of such fevers as typhoid and typhus. Reasons were given for regarding the figures arrived at by Dr. Burdon Sanderson, from calculation of the excreta in health and in fever, as showing an increase in fever of heat requiring to be eliminated.

4. The fourth proposition was that the proper treatment of fevers is partly dietetic, partly calnitive. The treatment on these lines was sketched. Easily assimilable materials, such as peptonized meat and milk, and sugared fruit are necessary to maintain the strength, to prevent complications and tropho-neuroses; perforation in typhoid may be regarded as in part a tropho-neurosis. Calnitive treatment, such as a skilful nurse, free from fuss, removal of irritations, and antipyretic treat-

ment, are necessary for the same objects. Antifebrin was regarded as, perhaps, the best antipyretic.—*Brit. Med. Jour.*

OIL OF SANDAL-WOOD IN FŒTID BRONCHITIS.—

In a clinical lecture on a case of fœtid bronchitis, simulating abscess of the lung, Professor Da Costa showed a male patient of 32, who had been admitted into the hospital about a month before for cough and profuse expectoration, sometimes bloody and offensive. He had emaciated greatly, and complained of poor appetite, diarrhœa, vomiting, frontal headache, and night sweats. Upon examination, some dulness on percussion was found about the middle of the left lung posteriorly, and moist râles and faint pectoriloquy could at times be obtained. The man had been in the hospital three months previously in a very similar condition, and so great at that time was the amount of the expectoration, containing masses of purulent matter, that the idea of abscess of the lung was entertained. He was somewhat benefited by treatment, and went out, only to return with the same symptoms: indeed, there was no evidence that they had ceased from the time that he was in the hospital. When he returned, there were found again the cough, fœtid expectoration, nummular sputa, emaciation, sweating, a slight rise of temperature (100°), and pain in the left side. The expectoration amounted to a pint and a half in twenty-four hours, and was occasionally blood-streaked. No bacilli nor elastic tissue could be found in it. The patient was submitted to systematic treatment, and carefully-regulated diet. He was given carbolic acid, and subsequently terebene, by inhalation, and other agents; but none of these, tried and re-tried, gave any enduring results. Dr. Da Costa then placed him upon the oil of sandal-wood, at first five minims three times daily, and afterwards five times daily. The results were most striking. After about a month's treatment the expectoration almost ceased—falling to one drachm in twenty-four hours. The dulness at the lower part of the lung was no longer to be perceived, his breathing was better, the râles had disappeared, and there were no physical signs other than a little harshness of breathing at the point indicated. Dr. Da Costa did not think that in this case there was really an abscess, but bronchitis with dilatation and accumulation, simulating an abscess. He wished especially to insist on the value of the oil of sandal-wood as an agent acting decidedly upon the mucous membrane of the bronchial tubes. Its effects upon other mucous membranes, as in the genito-urinary tract, first led him to use it for the condition of bronchorrhœa. It had afforded great relief to such cases in his hands. He might say that the present case was cured by the oil of sandal-wood.—*Phila. Med. Times*.

NITRITE OF AMYL IN AFTER-PAINS AND DYSMENORRHOEA.—Mr. F. W. Kendle, of South Molton, reports the case of a lady who complained to him, the first day after delivery, of excruciating after-pains, which she declared were worse than any she had experienced during the labour. The womb was found firmly contracted; loss was slight; and no clots larger than beans had been passed. As several hours must necessarily have elapsed before any medicine could have been sent her, Mr. Kendle broke a couple of nitrite of amyl capsules (four grains in each), into a smelling-bottle, and directed the patient to take two or three deep inhalations when she felt a pain coming on. The effect was simply magical: the pains were immediately relieved, and shortly ceased altogether, the patient being soon able to take some refreshing sleep. She made an excellent recovery. He has since tried the same remedy in two other cases of less severity, with similar results. He has also found the drug invaluable in the sickness of pregnancy, and in obstinate cases of dysmenorrhoea. Inhalation seems to be more certain and lasting than the internal exhibition of the drug. He strongly recommends this as a simple and efficacious plan of treatment.—*Lancet*.

DECOCTION OF COTTON-ROOT AS A HÆMOSTATIC.—Having repeatedly tried cotton-root, in form of a fluid extract, as a uterine hæmostatic without marked beneficial results, our conclusion was that the remedy was without any great value. The experience of Dr. Garrigues, Clinical Society of the New York Post-Graduate Medical School and Hospital, proves that the drug given in the form of decoction produces markedly beneficial results. The following are his directions for preparing and administering it: Three heaping teaspoonfuls of the powdered root are boiled in a pint of water for fifteen minutes; after cooling, the preparation is strained; one-third of the decoction is taken in the forenoon, another in the afternoon, and the last at bedtime.

Dr. Garrigues has used the remedy in 139 patients, and in the great majority of cases with more or less decided benefit. He has found that it checks the bleeding from uterine fibroids, and also lessens the associated pain; while in sarcoma and carcinoma it limits, or altogether suspends, for a time, hemorrhage. He insists that the remedy should be used in the form of a freshly-made decoction, and states that it fails to produce any benefit in about one in ten cases, which is certainly not an unsatisfactory showing.

The attention of the profession will doubtless be directed anew to the use of this remedy by the important and apparently conclusive results obtained by Dr. Garrigues, who, as is well known, is one of our most capable and conscientious observers.—*Med. News*.

TREATMENT OF BOILS BY INJECTIONS OF CARBOLIC ACID.—Dr. Bidder, of Paris, has described a method of treating furuncles by parenchymatous injections of carbolic acid. If the boil is a small one, he gives one injection of a few drops of a solution of carbolic acid (2 per cent.); if it is of medium size, two injections are given, the half or the whole of a Pravaz-syringeful of the solution being used on each occasion. In the case of large furuncles, for example, half the size of a man's hand, Dr. Bidder injects at four different spots the contents of four Pravaz-syringes half or wholly filled with a solution of 2 per cent. of carbolic acid. These injections are given only once. This treatment is strikingly successful. There is some smarting at the seat of injection at first, but the pain soon disappears, and the next day there is a marked improvement in the patient's condition. The inflammatory swelling subsides very quickly, and in eight or ten days even the largest furuncle is dispersed. By this plan no unsightly scars are left, a circumstance, which in many cases is of considerable importance. The success of the treatment is probably to be accounted for by the fact that either the microbes which cause the disease are killed, or the medium in which they flourish is destroyed.—*Brit. Med. Jour.*

NITRO-GLYCERINE IN THE TREATMENT OF EPILEPSY.—A girl, fifteen years of age, of bad family history—her mother and grandmother having died insane,—had been a sufferer from epilepsy for two years. Her general health was good and her menstrual functions properly performed.

I saw her first November 1, 1885; she was then having convulsions almost every day, and sometimes twice in twenty-four hours. The bromides had been faithfully tried, with but partial relief. She was at once placed upon nitro-glycerine, one drop of a one per cent. solution being given her three times a day. She had a convulsion on November 9, 1885, and did not have another until November 1, 1886—the nitro-glycerine having been continued without intermission during the whole of this time. On November 13, 1886, I saw this young lady again; she had then had two slight convulsive seizures and had on several occasions been "dazed," as she expressed it. The dose of nitro-glycerine was increased to one drop and a half three times a day, and she has had no return of either the convulsions or the "dazed feelings" since.

In view of the fact that the *hygienic* management was precisely the same before and during the administration of the nitro-glycerine, it seems fair to attribute the benefit in this case to its use.

In another case the convulsive seizures were kept under control for some weeks; but it was impossible to induce the parents of the patient in this case to persist in the use of the remedy, th-

having been taught that epilepsy was incurable. In several other cases which have fallen under my observation there has been improvement, but there has not yet been a sufficient interval of time since the treatment was commenced to say what the ultimate result will be.—*N. Y. Med. Rec.*

COCAINE DOSAGE AND COCAINE ADDICTION.—The author, upon data derived from a large personal experience and from an extended correspondence on the subject, concludes as follows:

"I think cocaine for many, notably the large and enlarging number of opium and alcohol habitues, the most fascinating and seductive, dangerous and destructive, drug extant; and, while admitting its great value in various disordered conditions, earnestly warn all against its careless giving in these cases, and especially insist on the great danger of self-injecting, a course almost certain to entail added ill.

"To the man who has gone down under opium, and who thinks of taking to cocaine in hope of being lifted out of the mire, I would say, 'Don't,' lest he sink deeper. I have yet to learn of a single instance in which such an effort reached success; but know many cases where failure followed, or, worse, cocaine or coca-morphia addiction. The need of caution against free and frequent using obtains in other cases, for there may come a demand for continued taking that will not be denied. Cocaine can be toxic, sometimes deadly, in large doses. It may give rise to dangerous or even fatal symptoms in doses usually deemed safe. The danger, near and remote, is greatest when given under the skin. It may produce a diseased condition—in which the will is prostrate and the patient powerless—a true toxic neurosis, more marked and less hopeful than that from alcohol or opium. Such being my belief, I regard Dr. Hammond's statements mistaken, and his conclusions rash and dangerous."—*Med. Reg.*

INFANTILE CONSTIPATION.—A very successful remedy for this is podophyllin, in small doses; iridin may be combined with it with good effect. Make a tincture of the following: Podophyll. resin, gr. viij.; iridin, gr. v.; spt. ammon. arom., 3j. Digest for several days, and filter. From one to two drops of this may be given at bedtime on a small piece of loaf-sugar, or the dose may be combined in mixture alone with syrup of orange. This is the dose for a child of one year and under.—*Med. Rec.*

TREATMENT OF WORMS.—Chloroform has been found very efficient against tape worms. Doses of 30 drops had been given every twenty or thirty minutes. Troublesome cardiac symptoms can be avoided by giving much smaller doses (a few drops) every few minutes for a few times. Thompson

successfully prescribed chloroform 3j (by weight) and simple syrup 3j, to be given in three doses at intervals of two hours.—*London Med. Rec.*

A SUDDEN BLEACHING OF THE HAIR, which has been known to take place almost instantaneously from fright, must consist in withdrawing of the protoplasm of the hair back into the blood-vessels of its bulb together with the pigment, somewhat as the protoplasm of a dying leaf which whitens on the twig migrates through the cells of that leaf to the branch which sustains it. And this process is better seen yet in the slow discoloration of bulbous plants like the onion and the turnip during their first year while ripening in the garden.—*Am. Jour. of Biology.*

One day Frederick the Great said to his physician, "How many men have you killed in your practice, doctor? Speak truly!" and the doctor answered, "Sire, almost three hundred thousand less than your majesty!"

THE Senates of the Trinity Medical School, Toronto, the Western Medical College, London, and of the Royal College of Physicians and Surgeons, Kingston, have had under consideration matters appertaining to the new medical school which it is proposed to found in connection with University of Toronto. The new school appears to be a revival of the old Toronto School of Medicine. The principals of it conceived the idea of not only affiliating with the provincial university, but of making use of its splendid equipment, In all the discussions that have occurred in regard to college federation it was contended that professional education should not be facilitated at the cost of the people, and yet, unless we have a misconception of the latest college scheme, that is just what is now being proposed. It is stated that the standard of education in connection with the new medical school will be higher than that of any medical school in the country, and towards it certain professors of the university will contribute without extra fee from the students so far as they are concerned. The people in that event would be paying for instruction which should be borne by those expressly benefitted by it.

That the medical colleges of Ontario—Trinity, of Toronto, the Western, of London, and the Royal of Kingston—will protest vigorously against the scheme of the Toronto School of Medicine we have no doubt; and we cannot believe that to them the minister of education will turn a deaf ear. Schools for the instruction of students in professional subjects have no claim upon the public bounty, and assuredly there is no call for one being assisted into life and usefulness at the expense of the others and of the whole people.—*Brit. Whig.*

THE CANADA LANCET.

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Criticism and News.

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TORONTO, JULY, 1887.

The LANCET has the largest circulation of any Medical Journal in Canada.

REPORT OF THE BRITISH COMMITTEE ON THE PASTEUR SYSTEM.

In April, 1886, a committee, consisting of Sir James Paget, Sir Joseph Lister, Sir Henry Roscoe, M. P., Dr. Richard Quain, Dr. Lauder Brunton, Prof. Burden Sanderson, and Dr. George Fleming, with Mr. Victor Horsley as Secretary, was appointed by the then president of the Local Government Board to enquire into M. Pasteur's treatment of hydrophobia. On June 28, 1887, this committee presented its report to the British Parliament. The time occupied in the investigation has been long, but when we consider the magnitude and importance of the work necessary to be performed before a satisfactory report could be framed, it is rather surprising that it has been accomplished with so much expedition.

The evidence which was at the committee's disposal at the Pasteur institute was first examined, and then the results said to have been attained were verified by independent investigation. The various members of the committee have worked with great assiduity since their appointment, the work being divided, as follows:—Sir Henry Roscoe, Dr. Burden Sanderson and Dr. Lauder Brunton studied the process in Paris. After their return, Mr. Victor Horsley performed a number of experiments, and the other members of the committee came to a conclusion on the facts submitted to them.

The opinions (formed mostly in ignorance) of

medical men all over the world, have been so diverse on this subject, that it is a matter of extreme congratulation that a definite conclusion has been arrived at by such a body of men as those mentioned above, and this after mature deliberation, and after having eliminated, as far as possible, all sources of error or doubt in their experiments and investigations. The original claim of Pasteur, that he could, by inoculation, protect a man or animal from the risk of contracting hydrophobia, after having been bitten by a rabid animal, has been fully tested, and the committee reports that "it may be deemed certain that M. Pasteur has discovered a method of protection from rabies comparable with that which vaccination affords against infection from small-pox."

The importance of this endorsement of Pasteur's views can scarcely be estimated. It shows that this new method of inoculation may be used to protect men and animals against the most potent virus.

The more important matter of the prevention of symptoms in persons already bitten, is unfortunately, not so definitely understood; of course, the conditions under which such patients came under treatment, vary widely. Thus, the questions whether the dogs inflicting the wounds were really rabid, the number and extent of the wounds made, the fact of some protection against the introduction of the virus by clothing, the amount of bleeding which occurred, the difference in the intensity of the virus of different species of animals, and various other factors, rendering a definite conclusion almost impossible at the present time. But the whole evidence, which has been sifted most carefully, goes to show that it is certain that the treatment of Pasteur has prevented the occurrence of the disease in a large number of those who had been bitten, and who, without such treatment, would have died of hydrophobia.

As to the question of the danger arising from inoculation, which Pasteur's opponents have held to be as great as that of the bites of rabid animals, the verdict goes entirely in favor of Pasteur, and that, while under the intensive process at first employed, there were some untoward consequences, "the method now employed is free from serious danger." The practical outcome of the report is that, by stringent police regulations, the disease may be greatly diminished, and the committee

suggest the following as presumably effective :— (1.) The destruction of all wandering, ownerless dogs. (2.) The discouragement of keeping useless dogs, by taxation or other means. (3.) Prohibiting importation of dogs from countries where rabies is prevalent, or the imposition of quarantine. (4.) Compulsory muzzles in districts where rabies is prevalent.

OUR MEDICAL COUNCIL.

In one of our city dailies, following the list of members of the medical faculty of Toronto University, it is suggested that the degree of M.D. of Toronto University be accepted as a licence to practise, thus ignoring the most vital *raison d'être* of our Council. Can anyone suggest for a moment that the graduates (who are to be) of Toronto University, shall be set down, as so far above those, of say, Queen's or Trinity, that they shall be granted immunity from passing the Council examinations? Such suggestions are utter nonsense. Grant such power to Toronto, and every other university in the Province *must* insist on equal rights, and our Council's "occupation's gone." It is a good thing to know that the standard of the new (?) school is to be so high that we shall need no further guarantee of the thoroughness of the training given to their students. Modesty is an excellent thing, and we admire the very modest tone which pervades this article, which was, we assume, inspired by one of the new faculty. This new faculty is to be *facile princeps*, though its members have been named only a few days ago.

Such a concession to Toronto University would simply have the effect of throwing us back to the days before the Council was called into existence. There being no central examining body, or at least each University having the power to grant a licence to practise, cheaply won degrees would naturally follow, for wherever degrees could be most easily obtained, there would the great bulk of students find their way.

"The Medical Council," says the writer of this article, "did excellent work *in the past*," but in view of the great facilities which the medical faculty of the Provincial University will have of imparting a high order of medical education, the students of the latter ought to be exempted from

further examination than that provided by their own college.—(The Italics are our own).

This would be equivalent, as we understand it, to the entire subversion of the Council, a proceeding which we are sure will meet with the almost unanimous opposition of the profession. Our Council was not, when first instituted, a body of which we could be proud, and the old adage of "give a dog a bad name," etc., is quite as true of a corporation as of an individual; yet, so high has been the character of the men who have composed the Council for some years past, and who now compose it, that they have succeeded in gaining the respect and confidence not only of the profession, but of the public at large. It has done and is now doing an excellent work, a work which the profession cannot afford to have discontinued, and we are sure that the profession will see that it will not be snuffed out in any such free and easy way as is suggested by the writer of the article above alluded to. The questions of June examinations, and of the absorption of the Council (as examiners) into the new faculty, as suggested in the same article, are important ones, but space forbids any further reference to them at present.

THE ONTARIO MEDICAL LIBRARY ASSOCIATION.

A number of prominent medical men in Ontario have recently devised a scheme for the formation of a Medical Library for the Province. The idea is a good one, and, we believe, requires only to be brought before the notice of the profession to receive a hearty support. The object is that a reference Medical Library be formed, not for Toronto, but for the Province, and Toronto being the most central point, has been chosen as the most convenient situation for this much-needed institution. The proposed scheme is that a joint stock company be formed, with a capital of \$10,000. The shares are to be \$5 each; and it is proposed that the payments shall be extended over a period of five years. So far, about \$2500 has been subscribed, and the organizers feel much encouraged by the many proofs they have already had of the feasibility and popularity of the scheme. It is hoped that the list of books may, from time to time, be augmented by donations from physicians, who

may leave their libraries to the institution, as well as from publishers and authors. Already has the veteran physician, Oliver Wendell Holmes, in answer to a letter addressed to him by Dr. Powell, of Toronto, signified his intention of presenting a copy of his medical works, bound in any way the trustees may suggest.

There are in Ontario over two thousand practising physicians, and they are, as a rule, reading men, or at least the number of reading men among them will, we believe, compare favorably with that of any other two thousand practitioners in the world. Now, such a scheme as we have outlined, will provide a convenient reference for medical men all over the Province, a matter of great importance to every practitioner, and especially to those who are preparing papers, etc. It is hoped that within a year from the present time, a library of from four to five thousand volumes will be in existence here, and that the principal medical journals will be accessible to all wishing to consult them. It is very gratifying to know that the Ontario Medical Council has so heartily entered into the scheme and have shown the appreciation they have of such an institution, by renting to the Association, at a nominal figure, a room fitted with shelving, etc. The generous spirit in which they have thus met the organizers will, we feel certain, call forth sentiments of approval from the whole of the profession throughout the Province. The following are the officers: President, Dr. J. E. Graham, Toronto; Vice-Presidents, Drs. Arnott, London; Burns, Toronto, and Henderson, Kingston; Treasurer, Dr. McPhedran, Toronto; Curator, Dr. Powell, Toronto; Secretary, Dr. D. J. Gibb Wishart, Toronto. Trustees, Drs. Mullen, Hamilton, Pyne, O'Reilly, and Nevitt, Toronto.

BRITISH MEDICAL ASSOCIATION.—A branch of this well-known and influential Association has been formed in Halifax, Nova Scotia. It is to be called the Nova Scotia Branch of the British Medical Association. This Association's branches now cover the United Kingdom, and exist also in India, Ceylon, Australia and other colonies. A branch has been lately started in Bermuda. It numbers, all told, some 12,000 members. It has a parliamentary committee whose duty it is to supervise all legislation interesting the profession,

and its voice has lately been heard with effect in altering and amending the new warrent regarding relative rank in the Army Medical Department. By meetings of local branches and an annual general meeting, held in different cities of the United Kingdom, it draws medical men together, promotes *esprit de corps* amongst them and, by concentrating their voices, gives to the medical profession that influence in social and scientific matters to which that intelligent and benevolent body is justly entitled. This is the first branch of the Association formed in North America. Dr. Tobin, of Halifax, has been earnest in promoting its formation, and, on Monday night, at a large professional meeting, held at his residence, it was formally organized, as follows:

President—Deputy-Surgeon-General McDowell, C.B., A.M.S. *Council*—Fleet Surgeon Swetenam, Royal Navy; Dr. Slayter, Dr. Black, Dr. Wickwise, Surgeon-Major Bolster, A.M.S.; Dr. Tobin, *Hon. Sec.*

BROWN BREAD.—Dr. Geo. D. Hays, of the New York Post Graduate School, writing in the *Quarterly Bulletin*, says: "We have long been accustomed to hear that many of the evils of modern life owe their origin to our choice of *white* flour. That this is not so, an examination of the wheat-berry will show. This has five coats—an epi-, meso-, and endocarp, an episperm, and a tegmen. The three outer ones have no value whatever as nutriment. Within the episperm is a layer of gluten-cells, chiefly albuminoids, and, finally, in the endosperm, which constitutes the bulk of the grain, we find starch mixed with albuminoid cells. In the old process of milling, the perisperm (the part within the episperm) was, on account of its close attachment to the inner husk, largely carried away, leaving the bolted flour the poorer for its loss. Hence the vegetarian, Sylvester Graham, whose name is applied to bread made from unbolted flour, was correct in his time in saying such bread contained the most nutriment. The present 'gradual reduction' process saves this portion of the wheat. The bran itself is composed of woody fibre, and contains absolutely no nutriment. It may have a mechanical value in those of a constipated tendency, but this is all. The wheat loaf and the white flour contain a much larger percentage of phosphates and gluten than the Graham loaf or unbolted flour."

CANADIAN MEDICAL ASSOCIATION.—The twentieth annual meeting of the Canadian Medical Association, will be held in Hamilton, on August 31st and Sept. 1st. The following discussions will be held :—On "Empyema," by Dr. McPhedran, of Toronto; "Subinvolution of the Uterus," by Dr. Eccles, of London; "Present state of Cardiac Therapeutics," by Dr. Stewart, of Montreal; Dr. William Osler, Philadelphia, "The Cardiac Relations of Chorea"; Dr. T. Wesley Mills, Montreal, "A Physiological Basis for Improved Cardiac Pathology"; Dr. Arch'd Malloch, Hamilton, "Report on Twenty Cases of Tracheotomy in Diphtheritic Croup"; Dr. William Gardner, Montreal, "A Year's Work in Abdominal Surgery"; Dr. Ryerson, Toronto, "Ophthalmic Epilepsy"; Dr. Buller, Montreal, "Headaches in Connection with Certain Ocular Defects"; Dr. Stirling, Montreal, "A Few Points in the Etiology and Treatment of Strabismus"; Dr. W. H. B. Aikins, Toronto, "The Detection of Typhoid Bacilli in Drinking Water." The surgical discussion will be opened by Dr. Grasett, of Toronto. The following are the officers of the Association for the present year :—President, T. K. Holmes, M.D., Chatham; President Elect, J. E. Graham, M.D., Toronto; General Secretary, James Stewart, M.D., Montreal; Treasurer, Charles Sheard, M.D., Toronto.

COCAINE POISONING.—The frequent reports of unpleasant and even fatal symptoms supervening upon the administration of cocaine in even small doses, should lead practitioners to exercise due care in the use of an agent, which, after all, seems to miss in its specific action about as often as it hits. The following case from the *Centrbl. Fur. Chir.* is one in point. The amount used was a grain and a-half, injected subcutaneously, in a patient æt. 57: Three-quarters of an hour after the injection the limbs of the patient were without sensation, the pupils were much contracted, and the pulse was rapid. Two hours later the pupils were abnormally dilated, the heart was beating violently, and the secretion of urine was very much increased. The skin was constantly cold, and there was difficulty in swallowing, with cessation of the secretion of saliva, heavy breathing, and complete sleeplessness for thirty hours. The attack returned after the main symptoms had passed away, first, after two days and again at the end of a week.

TREATMENT OF ANEURISM.—At the May meeting of the American Surgical Congress at Washington, Dr. T. G. Richardson read a paper (*M d. News*) on the Treatment of Aneurism, in which he gave a case of cure of aneurism of the femoral artery by suspending the limb flexed at right angles at the hip and knee. The tumor was of the size of a goose's egg, irregularly flattened, and wanted none of the characteristic signs of aneurism. The patient was a shoemaker, 55 years old, anæmic and delicate, and had contracted syphilis nine years before. On the first day the Dr. found an improvement in the condition of the tumor, coagulation had taken place in a few days, and in a week later the patient was dismissed cured. After a few months nothing remained to mark the site but a small nodule. The writer drew attention to the fact that no pressure was exercised on the tumor, and believed that the cure was entirely effected by flexion and suspension of the limb, and especially the latter, under the action of gravity.

ILLNESS OF PROFESSOR BILLROTH.—It will be of interest to our readers to know that the disease, which so nearly carried off one of the brightest lights in the profession was acute pneumonia, which supervened upon an attack of bronchitis. Von Bamberger and Nothnagel were in attendance. The patient received the greatest benefit from inhalations of pure oxygen which was prepared daily. Under this treatment (*Br. Med. Jour.*) the dyspnœa diminished, the pulse became stronger, and consciousness gradually returned.

NASAL HEMORRHAGE.—Plugging the posterior nares is not necessary, until the simpler method has been tried of firmly grasping the nose with the finger and thumb, so as to prevent any air from passing through the passage. Jonathan Hutchinson says he has never seen a hemorrhage from the nose which could not be checked by immersing the feet and legs up to the knees in water as hot as it could be borne.

MEDICAL men wishing to attend the coming International Congress, at Washington, should send their names to Dr. J. E. White, 185 Carlton St., Toronto, who is making arrangements by which a Pullman car shall be secured at cut rates, to run through to New York, Philadelphia and Washington.

REPEATED ATTACKS OF TYPHOID.—The Switzerland Correspondent of the *Brit. Med. Jour.* writes :

Prof. H. Eichhorst, of Zurich, relates the case of a woman who had three attacks of typhoid fever : one in 1882, another in 1884, and a third in 1886. A similar case, occurring in the person of a trained nurse, is mentioned by Dr. Herman Mueller, who, moreover, himself passed through four distinct attacks of the disease ; one of these was severe, but the others were only *typhus levis-simus*. Dr. Mueller's two brothers had each two severe attacks of typhoid fever in the course of a year ; one of them succumbed to a second attack.

FOR DETECTING URINE AT THE BEDSIDE.—The following should be useful for the above purpose. We take it from the *Canadian Pharm. Jour.* :

1. Perchloride of mercury . . . 1 gramme.
Distilled water 20 grammes.
M ft. solution.
2. Iodide of potash 1 gramme.
Distilled water 2 grammes.

Mix these two solutions, and then dip leaves of Joseph paper in the mixed solution, you then dry the paper and cut it into strips. To analyse a urine, all that is necessary is to plunge a small strip of the paper as prepared above and if the urine contains albumen, it will be at once precipitated. To render the urine acid the Joseph paper, can be prepared by impregnating it with a solution of citric acid.

THE ANTISEPTIC POWER OF VINEGAR.—Englemann (*Arch. Gen. de Med.*) has been experimenting upon the antiseptic power of vinegar, having used it in diphtheria with better results than were obtained from the use of any other agent. He used either ordinary vinegar or the officinal acetic acid, applying it by means of a brush, or as a gargle. In the latter case, he added double the quantity of water. He found that its power to prevent the growth of bacteria surpassed a 5% solution of carbolic acid.

GLEET.—Dr. Fred A. Smith, writing to the *Brit. Med. Jour.* says, he has used an injection of acid, nit. dil. $\mathfrak{m}\mathfrak{v}$. decoct. cinchon. flav. $\mathfrak{z}\mathfrak{i}$., with the happiest result. He stumbled upon the treatment through the mistake of a patient.

OL. PINI SYLVESTRIS IN CHRONIC BRONCHITIS.—A. W. Robson (*Brit. Med. Jour.*) notes some

excellent results in the treatment of chronic bronchitis with 5 min. doses of the above every 4 hours. Out of 94 cases, only one failed to improve in some of the symptoms. It sometimes produced scalding urine and frequent micturition.

DR. ROBIN, whose name is so familiar to medical men the world over, has recently been elected a member of the French Academy of Medicine. He is only 38 years old, and is the youngest member of that famous institution. It is stated that he has not lost a single patient out of 1200 typhoid fever cases.

SIR WILLIAM GULL, has lately made some severe strictures on the wholesale pouring in of drugs, so common by the general practitioner.

LARGE FEE.—Dr. Anderson Crichton, lately received a fee of \$40,000 for visiting and treating an Indian prince.

DR. KNIGHT of Dublin, in 1883, took 131.25 grs. of quinine in twenty-four hours. This is said to be the greatest amount ever taken. We doubt it.

DR. MORELL MACKENZIE, says that the German crown prince is cured.

Books and Pamphlets.

A PRACTICAL TREATISE ON OBSTETRICS. Vol. IV. Obstetric Operations. The Pathology of the Puerperium. By A. Charpentier, M.D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. IV. of the "*Cyclopedia of Obstetrics and Gynecology*," (12 vols.), issued monthly during 1887. Price of the set \$16 50 New York : William Wood & Company.

William Wood & Company seem never to tire. The fourth volume of Charpentier's Obstetrics work is now before us, constituting the seventh part of the treatise, the merits of which it well sustains. Twelve chapters are devoted to obstetric operations of every imaginable form. The plates number no less than 192, showing every possible, with perhaps a few impossible, positions and presentations, the study of which may be rather more perplexing to the junior students than practically instructive. But though it may fortunately fall to the lot of only a trivial propor-

tion of obstetrics practitioners to encounter but a small per centage of the formidable cases depicted on the plates, it is well to know that such things have been, and thus to avoid the rash conclusions which impels young obstetricians to rush into print. It will be well, too, that the uninitiated should not be frightened by inspection of the luxurious armament of obstetric contrivances exhibited in the work, otherwise they may conclude that midwifery is an art quite beyond their hopes of achievement. It is, in Canada, a pleasing fact that the female pelvis and the foetal head are mutually well proportioned. Canadians have not yet reached that degree of cerebral development which demands so ample a brain-case as would seem to be the order of ossification, obtaining in the countries furnishing the specimens from which old world obstetricians derive their models. It will be well, however, that we stand on our guard, for serious changes must be brought about by the present murderous fashion of tight lacing and peg-top high-heeled boots. By the former the abdominal viscera are crushed and squeezed down into the pelvic cavity, so as to hamper the process of utero-gestation, and thus to induce very serious foetal malformations; and by the latter the centre of gravity and of bodily equilibration must be materially displaced,—witness the awkward hippling gait of half the young ladies (for all now are *ladies*), who so earnestly strive to ornament our thoroughfares. Poor things! they transform themselves into wasps, but their stings are self-destructive. The compensation is that they will not capture large brained husbands.

WHAT TO DO IN CASES OF POISONING. By William Murrell, M.D., F.R.C.P., Lecturer on Pharmacology and Therapeutics in the Westminster Hospital, etc., etc. First American from the 5th English Edition. Edited by Frank Woodbury, M.D., etc., etc. Philadelphia: The Medical Register Co. 1887.

This work is deservedly popular on the other side of the Atlantic, and we have no doubt its success will be equally marked in America. The author goes to the point in a business-like way which is truly refreshing. The arrangement is admirable. Such sentences as, "The statement that the solution (apomorphia) should be made as required for use is all nonsense," will be encouraging to the medical man who does not carry about with him a laboratory, from which he may prepare "fresh" solutions of any known drug, at a moment's notice. In his preface the author says,

"This work has reached a 5th Edition, but it is not my fault, and I disclaim all responsibility in the matter." Altogether the work is excellent, and up to the latest date, and we can heartily recommend it to every practitioner and student of medicine.

A TREATISE ON DIPHTHERIA, INCLUDING CROUP, Tracheotomy and Intubation. By A. Sanné, Paris; translated by Henry Z. Gill, A.M., M.D., LL.D. St. Louis: J. H. Chambers & Co. 1887; pp. 656. Illustrated. Toronto: Hart & Co.

This work may be considered as the most complete which has yet appeared on diphtheria. The author has considered the history of the advances made in the study of this disease of some importance, and has gleaned the views held by the most celebrated observers since the time when Bretonneau wrote. The dread fatality of diphtheria, makes it a disease interesting in the highest degree to every practising physician. The number of deaths which have annually occurred and are still occurring from it, is altogether out of proportion to the amount of study which has hitherto been devoted to it. Whoever will read the present volume with care, and analyze the matter set down therein, must have clear ideas of the disease, and must be greatly aided in his attempts at staying its ravages. The 98 pages devoted to the surgical treatment are excellent, and will be highly appreciated by all who read them, as giving definitely the indications and contra-indications for tracheotomy, accidents, methods of overcoming difficulties, etc., matter which is simply invaluable to the inexperienced physician, and suggestive and full of thought to the most experienced. The translator has done his work excellently well, and we commend the work to the profession as the best we have yet seen on this subject.

DISEASES OF THE EYE. By Edward Meyer, translated by F. Fergus, M.B. Philadelphia: P. Blakiston, Son & Co. 1887.

This admirable work has at last been translated into English, and very well has it been done, by Dr. Freeland Fergus, of Glasgow. The phraseology is clear and concise, and free from the awkwardness of expression which so frequently characterizes translations. The matter is excellent and up to date. We can particularly commend the article on strabismus and its treatment. The engravings in the text are good and mostly new. The colored plates are from Liebreich's Atlas, and up to the high standard of that work.

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